Although commonly better marked than the discusse of other years, pulmonary affections are often obscure, and readily confounded with one smother, for they have few pathognomorie signs. The signs of bronchitisare simple enough, but obscure complications often coexist with it, Pleurisy has its distinctive marks, the absence of the thoracle vibration being one of the best, say what they will; but this sign is wanting in women and children, and men with falsette voices. So with egophony, which may be confounded with bronchophony. The other signs are common to various disorders, as duliness, which is even occasionally absent, seconding to some revolutionists; dilatation of the chest strikingly charactorizes, not pleurisy, but chronic and extensive effusion. from the stitch and fever, the signs are the same as those of effusion, a point not sufficiently regarded. Pneumonia has its rusty sputa as a pathognomonic sign, but this is often absent. Fine, dry, crepitant, rale is very characteristic; the bronchial souffle and tubal respiration are more equivocal. The signs of phthisis are obscure and doubtful at first; we gather hints from the constitutional state and the antecedent history (bronchitia, hamoptysis). We have given only the signs of the confirmed disease, and even these are not absolute, though duliness and rales at the apex leave little doubt. Hapmoptysis is less decisive than is generally supposed. Cavernous respiration and pectorlloquy leave little room for sorror. The microscope has hitherto only furnished mystification. Emphysema often eludes diagnosis, but its signs have some value; some of the signs of bronchitls have been confounded with them. Edems of the lungs may be easily mistaken, if only the local symptoms are considered; but the antecedents, and concomitant effusions will clear up the case. Gangrene has its own sign, the odor; which may yet be mistaken. Asthms is characterized by its paroxysmal nature. It will be seen that we openly announce the liabilities of error, and are simply aiming to arrange a schedule of probabilities. We have not spoken of hydrothorax, for its signs are the same as those of other varieties of pleural effusion; we have likewise omitted hydro-pneumothorax, a rare and complex affection, of which hippocratic succussion is the best sign.

CIRCULATORY APPARATUS.—The principal diseases of the heart are: Pericarditis, endocarditis, organic valvular lesions, and the form of anguism which is their ordinary result, nervous palpitations, not to speak of fever, of which the heart is the seat, or rather the instrument.

Pericarditis.—Friction sound, derangement of circulation, duliness, prescordial prominence.

Hadocarditis.—Bellows murmur (equivocal), derangement of circulation, concomitant rheumatism or other phlegmasia.