

ance on percussion in the upper parts of the chest may be abnormally clear from the existence of emphysema, and auscultation frequently fails to reveal positive signs of the presence of tubercle. The following case is an example of this form of disease, and shows the value of microscopical examination of the sputa.

A man, thirty-two years of age, had been subject to cough for six years, and had suffered from hæmoptysis two years before his admission as an out-patient at the Victoria-park Hospital. There was no dulness on percussion; dry rhonchus could be heard over the whole of the anterior part of the chest, and moist râles were present at the bases of the lungs. The expectoration in twelve hours amounted to seven drachms of thin, watery fluid; but when examined microscopically a considerable amount of pulmonary elastic fibre was found.

I have notes of a number of cases of this description, in which the use of the microscope has been of value, and whose subsequent histories have confirmed the truth of the diagnosis. In the following no lung-tissue could be discovered in the expectoration, although the general symptoms seem to indicate phthisis more clearly than in the case I have just quoted.

A woman, five months pregnant, had suffered from winter cough for eight years, but for a few months had rapidly lost flesh and strength, the cough being very severe and the expectoration copious. I believed I could detect a slight deficiency in the resonance on percussion in the right subclavicular region. There were mucous râles in the anterior parts of the chest, with harsh inspiration at the base of each lung. I could find no lung-tissue, but the symptoms were of so suspicious a nature that I examined the sputa again after a fortnight, but with the same result. She steadily improved under treatment, and at her last visit she reported that her cough had disappeared.

In the next cases phthisis was suspected chiefly from the appearance of the patient and the severity of her symptoms.

A woman, forty-one years of age, had been subject to bronchitis for five years; but had been much worse than usual during the four months preceeding her visit to me. There was rapid loss of flesh and strength, severe sweatings, and profuse expectoration. Pulse 120. I could discover no dulness; but there were mucous râles at the base of each lung. No lung-tissue could be found in the sputa. She remained for some time under treatment, with but little improvement; and when she ceased to attend, I suspected that she suffered from phthisis, although the microscope, as well as the auscultation, had failed to detect ulceration of the lung. Two years afterwards she returned with a similar attack, having in the meanwhile been healthy.