penetrating into the lower or middle lobe, presents a very characteristic picture on the screen or skiagram, and one quite different from anything that is seen in pulmonary tuberculosis or any other disease of the lung. It may even be possible under favorable conditions to diagnose with a fair amount of accuracy the location and extent of the tumor developing in the interior of the lung while still of comparatively small size and surrounded by healthy tissue, causing as yet but slight clinical symptoms. In order to accomplish this, however, a mental attitude of the physician totally different from what it is at present is required. No conscientious physician to-day examines a chest without thinking of the possibility of tuberculosis. It will not be very wide of the mark to say that hardly anyone ever thinks of the possibility of tumor. If any progress is to be made in the diagnosis and treatment of these unfortunate cases we must train ourselves to think of bronchial or pulmonary cancer, more especially in elderly persons, just as readily, perhaps even more so, than we do of tuberculosis. Cancer originating in the upper lobe is perhaps at first more easily confounded with a tubercular lesion, inasmuch as the apex of the lung is the favorite location for tuberculosis. The differential diagnosis, however, should, with careful observation, offer no real difficulty, provided the case is an uncomplicated one. Now it happens none too rarely, that tuberculosis and carcinoma are associated together in the same individual, that the sputa are crowded with tubercle bacilli, and that all the other typical signs of phthisis are in evidence. In such cases it will probably be only by a rare conjunction of favorable circumstances that the carcinoma can be diagnosed. A small cancer growing from the wall of a tubercular cavity, as has been reported by Friedlander and others, may possibly, perhaps by the presence of granular cells in the sputum, be suspected, but it is hardly ever recognized with any certainty. In some few favorable cases of combined tuberculosis and cancer, the diagnosis has been made during life and corroborated post-mortem. The recent development of bronchoscopy encourages the hope of diagnosticating from this quarter. Several cases have been reported in which the cancer obstructing a bronchus has been made directly visible and the diagnosis thus made absolutely certain.

(*b*) Form du tumeurs de mediastin. A bronchial cancer, it is indifferent of what order the bronchus may be, whether large or small, has two main preformed routes of extension at its disposal. The easiest and most natural, and the one that is in the majority of cases first resorted to, is along the bronchial ramifications and the peribronchial tissue into the interior of the lung.