any lesion at her mitral valve, nor is her blood pressure (150 mm. Hg.) sufficiently high to lead us to attach the responsibility for her hæmoptysis upon her bronchial arteries. When you come to examine her you will find that she has an enlarged liver, and you might be led to suppose therefrom that this was a case of hepatic cirrhosis. In the out-patient room people are not very accurate in their statements, and they frequently say that they have coughed up blood when they have vomited it, and *vice versa*. I think, on the whole, that they prefer to say that they have vomited it, because the vomiting of blood seems to them to be a more heroic proceeding than the mere coughing of it up. However that may be, it is often very difficult to be sure from the patient's description alone whether the blood has issued from the stomach or from the lungs. In this case, happily, no ambiguity is possible, for she has been seen by an intelligent observer to cough up three or four teaspoonsful at a time. The enlarged liver, therefore, is evidently not the cause of the hæmorrhage. A little careful questioning of this patient will show that she has been troubled with a cough for several years, that the cough is always worse in winter and better in summer, and that it is of a wheezy, breathless type, very different from the dry, hacking, spasmodic effort which characterizes tubercle. An examination of her chest shows that she has, in effect, a very decided degree of emphysema. You will hear all over the upper part of the chest the high-pitched inspiration and the prolonged low-pitched expiration which is so characteristic of the condition. The normal areas of dulness are very difficult to elicit. If you trusted to percussion alone you would imagine that the heart had shrunk to the size of a shilling. The upper border of the liver is impossible to make out; all over both bases behind are the moist, wheezy *râles* of a chronic bronchitis.

Now what is the relationship between a condition of this kind, which is all too common in out-patient practice, and hæmoptysis? If you will consider the pathology of the disease you will, I think, agree that we ought in reality to feel surprised that hæmoptysis does not more often occur. In emphysema the air-cells run into one another by the breaking down of their partitions, and in these partitions there are blood-vessels. When this breaking-down occurs, therefore, it ought not to surprise us to find that a rupture of the vessel ensues. And not only so, but when emphysema has been in operation for some years, the amount of room in the lungs in which the blood may circulate is seriously diminished, so that the capillaries which remain are liable to be much overcharged with blood. When we consider their delicate texture it is surely only to be expected that they