and emphysema is no proof against the existence of phthisis, for we might have a patch of degeneration anywhere. The reduced condition of the patient raises the suspicion of phthisis. In examining for this disease, we would, of course, first look to the apices of the lungs. I find nowhere any dullness, any blowing or cavernous respiration, and but the few râles I have mentioned; the same exaggerated resonance everywhere; everywhere the same wretchedly weak vesicular murmur on inspiration and a prolongation of the expiratory sound. There is no evidence of infiltration or consolidation. The habitual dyspnœa and the choking, smothering cough are characteristic of emphysema. There is not a free, full rush of air, as in other cough, hence it takes a long time to start the mucus. While the man has gone down hill, his descent has been very slow, for it has taken him eight years to lose forty pounds, and this downward course has been aided by a serious gastric complication. In ordinary phthisis, it seems to me, his failure of flesh would have been much more rapid. Then, again, he has recently gained in weight, and while it is true that we do sometimes see phthisical patients put on flesh (particularly if they have been removed from unfavorable to favorable surroundings), they do not maintain this gain. The absence of hæmoptysis is an important, though not a positive sign, for it is a fact that we may not have hæmoptysis in phthisis, while we may have it in emphysema; still, it is a sign of considerable value when taken in connection with the other symptoms. Again, he has had no fever, nor night sweats, nor diarrhœa. This marked and progressive dyspnœa is not a usual symptom in early phthisis, unless there is also emphysema, so that its presence here, with the other symptoms, favors the negative view. The expectoration also is opposed to the view of phthisis; it is not solid, there are no bacilli, and very little elastic tissue. In emphysema, we may have elastic tissue from the breaking down of the walls of the pulmonary vesicles. Coming down to the physical signs, which are the most important, we have a bilateral and symmetrical disease, there is no difference in the two sides, while in phthisis we usually find some difference. There is no point where we suddenly come upon cavernous or blowing respiration, it is the same