

that these groupings are merely for the convenience of the clinician, and do not represent strictly limited and firmly established syndromes. With the progressive development and extent of the lesion, one of the so-called types may gradually merge into another, and it very frequently happens that several or all of the forms here mentioned are exemplified in the course of a single case.

(a) Cancer broncho-pulmonaire, type classique du cancer du poulmon. The typical bronchial cancer, by far the most common form of the disease. The dominant symptoms are referable mainly to the lungs and bronchi. In the earlier stages a simple chronic bronchitis is usually suggested, but even in these earliest periods it will frequently be possible, if not accurately to diagnose, at least to suspect, the graver lesion in its incipiency. The occasionally bloody sputum, the dyspnea on slight exertion, the debility entirely disproportionate to the physical signs, are often enough among the earliest symptoms, and are very suggestive. A close physical examination may detect, even at a very early stage, some slight, gradually extending area of dullness, usually posteriorly and in the region of the root of the lung, or possibly over one or the other apex, with diminished voice and breathing. In the later stages, when extensive areas of dullness have developed, when through degeneration or breaking down of the neoplasm, or through the formation of bronchiectatic dilations, amphoric breathing, tinkling rales, tympanitic percussion note, and all the other signs of cavity in the lungs appear, when fever, night sweats and hemorrhages set in, it is not surprising that the diagnosis of tubercular phthisis is so readily made. The case is set down as one of ordinary consumption, until at last the appearance of secondary tumors or the autopsy clear up the error. It is not always easy to differentiate in these later stages, but it can in many instances be done in uncomplicated cases, at least, and with a very high degree of probability. If the growth has invaded the lower lobe there should not be much difficulty, though it need hardly be mentioned that the diagnosis cannot always be made at a single examination, as a longer period of observation and study may be required. The apex, the favorite location of the tubercular process, is usually entirely normal or shows only a few rales. The area of dullness is irregular in extent and location; it may be over some portion of the anterior part of the chest, but more frequently is on the posterior aspect, starting usually from about the hilus, and most intense in that region. It is of especial diagnostic importance that, owing to bronchial obstruction, the breathing sounds and vocal fremitus heard over