than by change in the atmospheric pressure, for the lung cannot be considered an internal organ, as far as atmospheric pressure is concerned, but must be considered as subject to the same pressure as the skin, and, therefore, in high altitude more liable to superficial congestion and hæmorrhage. Theoretically, therefore, there was good reason for the old custom of avoiding the sending of such patients to the mountains, but practically I have never experienced ill results from so doing.

4. Patients with advanced disease; those with cavities, or severe hectic symptoms.

Patients with advanced disease, or, better stated, with great area of lungs involved, should not be sent to high altitudes. The demand for increased respiratory activity, which cannot be answered, is apt to be quickly followed by fatal result. The existence of a small cavity, in a case in which the disease had become quiescent, would not contra-indicate high altitude. Hectic symptoms would do so.

5. Patients in an acute condition.

None of these should be sent into high altitudes.

6. Cases of so-called fibroid phthisis or interstitial pneumonia.

If the patient is over fifty years of age, if his heart is dilated, or if there is great bronchial irritability, producing harassing cough, he should not be sent into high altitude.

7. Patients convalescent from acute pleurisy or pneumonia, in whom the eruption of tubercle is dreaded.

Unless otherwise contra-indicated, elevation is particularly suited to this class of cases.

8. Patients in whom the tubercular process has seriously invaded the larynx.

It is generally recommended by those familiar with them, that these patients be not sent to high altitudes. In view of modern methods of local treatment, they certainly should not be sent there to the deprivation of this; but should they be sent to high altitudes if they can also have the benefit of good local treatment? With others I have been prejudiced against sending these patients to the mountains, but it may be that this prejudice is groundless for high altitudes which are free from dust, and that they do no worse here than anywhere, the disease when it has once seriously attacked the larynx usually pursuing an unfavorable course. I know that some of the resident physicians of high altitudes do not share this prejudice.

9. Those with complications of other diseases.

Much care should be exercised in regard to cases of this class.

One of the first in importance to suggest itself will be cardiac disease. Cardiac dilation should preclude the consideration of altitude; and it would be safer to say the same in regard to most cases of hypertrophy, though if this be moderate and of slow development, the patient might be allowed some elevation. There are many patients, however, who are unwarrantably denied the benefit of high altitude on the ground of heart disease, *e.g.*, patients with a cardiac murmur the result of endocarditis quite long ago, in whom there is no evidence of deranged circulation, and no sign of cardiac enlargement. Of course, the mere existence of a murmur is no evidence of cardiac condition liable to be unfavorably affected by rarefied air. On the other hand, there are some patients with nervous derangement of the heart who had better be advised against high altitudes. These, however, would usually be of the general neurotic type before spoken of.

Disease of the large bloodvessels is an evident contra-indication.

Patients with bronchial dilation or pulmonary emphysema are not usually recommended to high altitudes, presumably on account of diminished respiratory area. I have not had much personal experience with such patients in high altitudes, but would like to hear from those who have had. There are some with excessive bronchial irritability who certainly do better in lower regions.

In regard to renal disease, while it is admitted by resident physicians that acute nephritis, like acute pneumonia, is severe in high altitudes, they claim that chronic nephritis is often benefitted.

Intestinal ulceration would not contra-indicate a high altitude, but no great good could be expected from the change.

In cases of epilepsy, diseases of the brain and spinal cord, which are said by some to contra-indicate altitude, I have had no experience.

It looks to me as if the claim that heredity is a contra-indication of altitude must have originated in the mind of one who was afraid lest his percentage of cures should be lowered by bad cases, for, while admitting the patients with hereditary tendency to tuberculosis are on that account less favor-