Name	Readings	Name	Readings
W. S.	102 mm.	L. W	$\dots$ 132 mm.
W.H.	108 mm.		$\dots$ 108 mm.
S. G.	104 mm.		$\dots$ 124 mm.
M. L.	108 mm.		$\dots$ 124 mm.
	76 mm.		$\dots$ 128 mm.
W. G.	140 mm.		106 mm.
M. P.	118 mm.		$\dots$ 116 mm.
E. T.	88 mm.	J. M	$\dots$ 128 mm.
K. J.	96 mm.	E. W	66 mm.
E. D.	96 mm.	M. G	$\dots$ 116 mm.
S. D.	110 mm.		$\dots$ 116 mm.
G. S	120 mm.	C. P	128 mm.
C. M.	120 mm.		$\dots$ 118 mm.
R. W.	134 mm.	M. M	$\dots$ 108 mm.
M. O.	140 mm.	R. W	$\dots$ 138 mm.
L. B.	130 mm.	H. M	120 mm.
J. S	145 mm.	Е. Н	$\dots$ 128 mm.

The following are like readings from individuals apparently in good health.

Name.	Readings.	Name.	Readings.
W. D	125 mm.	K. J	110 mm.
F. M	126 mm.	М. В	120 mm.
W. B	132 mm.	F. H	127 mm.
E. D	85 mm.	M. K	120 mm.

These show a wide range and demonstrate that the personal element is much stronger than any due to the disease.

"Naumann attempts to correlate the higher tension in sixtynine of his cases with the tendency to hemoptysis. Of fifty-one patients who had bleeding at some time 86.2 per cent. showed apressure above 130 mm. Of these 44 with hypertension (?) and haemoptysis. 24 were in the early stage."

Although it is at the present time practically impossible to accurately measure the blood-pressure in the pulmonary area, there are reasons for thinking that in tuberculosis it is higher than in health. We know that accentuation of the pulmonic second sound occurs very frequently in pulmonary tuberculosis. At the Phipps Institute in 732 new cases examined in one year this sign was noted in 455, or 63.37 per cent. And while it may be admitted that the exact significance of this accentuation of the pulmonic second sound in tuberculosis has not yet been satisfactorily determined, it is not unreasonable to consider it as an indication of an unusual burden on the pulmonic circulation.

We know that this accentuation is considered to occur with any pulmonary or cardiac disease which increases blood-pressure