pleurisy at the first certainly points to it as being the originator of the mischief, and I have no doubt that, in a good proportion of the cases, a similar history may be made out.

In the other condition, where the lung is universally adherent, and the chest wall prevented from expanding, we get in the end a somewhat similar state of affairs; of course it is quite possible that the sound expansile lung shall do the additional work thus thrown upon it without indicating an appreciable disturbance of the respiration, as Flint says.

Probably in most cases it does do so, as long as there is no great strain put on the respiratory function, but in many cases I think we will find some indication of interference as shewn by the state of chronic bronchial catarrh which these persons are so liable to suffer from. A condition of things due, as in the case of George B., I have just mentioned, to the want of aeration of blood in the affected lung, producing passive congestion in it, and a more active hyperæmia in the lung on the opposite side.

In the second class, in addition to the effect produced by rendering the lung inexpansile, we have a definite hyper-activity of the fibrous elements in the interlobular connective tissue—beginning apparently in the lung tissue adjacent to the thickened pleura, and gradually extending through the whole lung. This new growth afterwards undergoes contraction, producing the tough indurated condition of the lung, with dilatation of the bronchi known as fibrosis.

That pleurisy is an occasional starting point of this condition there can be no doubt, and the cases I shall presently lay before you are, I think, instances of it; but the exact way in which it originates these changes is still uncertain.

Probably, in many cases, we may have a low form of pneumonia supervening; but, even without distinct pneumonic symptoms, may we not find, in the state of chronic passive congestion in which we suppose the affected lung to be, a sufficient originating cause of this new interstitial growth, which afterwards goes on to contraction.

While in the increased blood supply, caused by the two pleural surfaces uniting, the supply which was formerly on one side only being now derived from two sides, viz., both the parenchyma of the lung and the parietes, may we not look for an explanation of the hyper-activity of its fibrous elements.

Without any further attempts at explanation, which I would leave to others abler than myself, permit me to give you briefly, as fair examples of the progress of this degenerative process, the following clinical histories:—

Annie H., æt. 22, single; admitted into Brompton Hospital Oct. 30, 1865, under the charge of Dr. Cotton. Her father and mother were, at that time, both alive and healthy, and there was no history of phthisis in any of her immediate relations. She was of a nervous sanguine temperament, of a slight build, and had enjoyed fairly good health up to the spring of the preceding year, when she was attacked by pleurisy in the right side. This she told me confined her to her bed for several weeks, but she thought she had quite recovered from its effects, till some months afterwards, when her cough became troublesome; was not aware of any fresh cold.

On admission (sixteen months after the attack of pleurisy) the symptoms were as follows: troublesome cough, with scanty expectoration; pain in the right side; night sweats and considerable loss of flesh.

Physical signs.—Right side—anteriorly—percussion dull, especially towards base; respiration very harsh; posteriorly—dull all over supra spinous fossa, bronchial breathing with subcrepitant rhoncus; posterior base; respiration very weak.

Left side, respiration simply harsh.

She remained six months in the hospital, gaining, during her stay, over 12 lbs. in weight. On leaving, she again entered service, and was able to do her work fairly well.

Four years afterwards she was re-admitted. The cough was still very severe, but there had been no loss of flesh in the interval; contraction and flattening had taken place on the right side, where the respiratory sounds were now noted as being almost cavernous. The left lung was slightly enlarged, and the respiration over it harsh and blowing. On leaving, her weight is noted as 102 lbs., a gain of an additional 4 lbs.

In June, 1874, that is, after the lapse of another four years, she was again re-admitted for a short time. Her health had remained fairly good during the greater part of this interval, and, with but few interruptions, she had been able to perform all the duties of her place. For the last twelve months, however, she had been failing, and a slight hæmoptysis had occurred, which somewhat frightened her. She remained in hospital for a short time, during which she again had improved. On leaving, the physical signs were about the same as before.