ing more and more drawn to the right side, and finally his skin began to get dry, and he became the subject of albuminuria.

I may here mention that this is another clinical fact connected with fibrous phthisis. At last the poor man became exhausted, and died.

At post-mortem examination the left lung was found perfectly healthy; I may say, every organ of the body was sufficiently healthy to require no notice, except, perhaps, the kidneys, which were slightly congested, and slightly harder than normal. The right lung contained nothing whatever which by any possibility could be called tubercle. It was clear, therefore, that the fractured rib had set up in the pleura a fibroid change which had invaded the lung, caused its contraction, and ultimately gave rise to the symptoms which ended in his death.

With your permission, I will mention just one other case. It is a case which was brought to me by Dr. Pollock, of the Charing-Cross Hospital. This patient sprung from a bronchitic family, and had repeated attacks of bronchitis and severe attacks of pleurisy. When the patient was brought to me there was complete dullness, diminished tactile and vocal fremitus, loud bronchial breathing, bronchophony, and a metallic character to the resonance. His symptoms were paroxysmal cough, often ending in vomiting, and dyspnœa, but no fever.

This case was examined by several physicians, and seven years ago was reported before the Clinical Society of London as a case of tubercular phthisis. Not long ago he died, evidently from an attack of acute bronchitis, brought on from exposure to cold; but before death there was a small quantity of albumen in the urine.

When examined after death these appearances were found: The right lung was perfectly solid; through it ran dilated bronchial tubes, aud in the solid portion there were several ulcerations producing cavities.

I have now in my wards, in the London Hospital, three cases, in different degrees of development, which illustrate one of the modes in which fibroid phthisis arises.

The first is the case of a man named Tenny. He is a thin, pale and delicate man. He is liable to cough with expectoration; but he says he is pretty well, except that he is very delicate. The remarkable feature about the man is, that he has scarcely any lung to breathe by.

His chest seems contracted, and he presents an appearance such as is seen in advanced phthisis; but it is not a case of phthisis at all. The more careful examination you make the more sure you are that you are dealing with a man who has semi-solid, contracted lungs, with but little space left for breathing, and, perhaps, slightly dilated bronchial tubes, which hold a small amount of secretion. But there is no evidence of destruction of lung-tissue, and he has had a kind of interstitial pneumonia for many years.

I have watched him from the beginning of the symptoms, which are like those in the other cases described.

The second case is that of a man called Douglas. He is in the position of having a contracted left lung, with crepitation all over it; bronchial breathing and bronchophony; but otherwise he is in tolerable good health. He, too, has the history of the third case.

The third case is that of a man who has been under observation for some time, but whose name I forget. But he has an irreducible fibrous pleurisy. He declares that he is perfectly well, and it is only by the greatest strategy and ingenuity that we are able to keep him in our wards. It astonishes him that we should be so anxious to have him remain with us. But we are very desirous that he should do so, in order that he may be utilized for purposes of our common instruction.

But the moment the hand is placed on the chest you feel a friction motion, and, over almost the entire chest, you can hear the to-and-fro friction sound. This is an example of the beginning of these cases. Tenny's difficulty began in this way. They come into the hospital with some pain in the side, with little or no effusion in pleural cavity; probably an effusion has been present at some time, and they get apparently well; but the to-and-fro friction sound remains in some cases.

In none of these cases have I been able to render any therapeutical service whatever.

In the last case it will be my endeavor to keep the patient in the hospital, so that I can trace the clinical history through its entire course.

I will just say, however, with reference to these illustrations, that, if you will cast your eye backward, I think you cannot fail to see, first, that there is sufficient ground for pathological distinction; and, second, if I could reproduce in your minds, as clearly as I see them in my own, the clinical distinctions, I am sure you will accord with me that there is a clinical diagnosis in phthisis, and that it is just and proper that it should be recognized; for if they are different in origin, different in modes of development and progress, therefore necessarily different in treatment, and different in issue, it is but right, whether the destructive agent is distinct in structure or homologous, that we should have a separate name to represent things which, at all events, are different in their apparent nature.

In regard to treatment Dr. Clark said he pretended to no special knowledge of the treatment of phthisis. Whenever he encountered any chronic disease he dealt with it on principle. Every organism has a righting, a repairing, and a resisting power, and it exercises these powers in proportion