recover their tone to a certain extent, but the capillaries and veins dilate, and passive pulmonary congestion is the result.

OBSTRUCTIVE CONGESTION OF THE LUNGS.

Obstructive congestion of the lungs differs essentially from the two varieties just described, inasmuch as its origin is purely mechanical — it is always a secondary form of disease. It results from any cause which prevents the return of blood from the lungs, such as constriction of the mitral valves of the heart or the pressure of a tumor on the pulmonary veins. Some writers incline to think that it is illogical to separate obstructive congestion of the lungs from the passive form, but the existence of the mechanical cause is a sufficient mark of distinction.

As in all other forms of pulmonary congestion, those suffering from the obstructive form have cough and difficulty of breathing. Palpitation of the heart is almost invariably present, with oppression of the lungs and a tightness across the stomach. Such patients often have bronchial catarrh with spitting of blood—the result of irregularity in the distribution of the blood. The pulse is very small and frequent, and the lips and fingers are *blue and cool.*

In the obstructive form, progress is from bad to worse, simply because the morbid state frequently depends upon an incurable affection. Still, I have known such patients live for many years—but each paroxysm must be met by the appropriate homœopathic remedy.

The temperature of the body is low at all times, and particularly during a paroxysm.

Examination, by means of the ear applied to the chest, shows very imperfect breathing, and, in places, no breathing at all. During a paroxysm a kind of collapse often takes place, the patient gets cold and bluish, and the heart needs some alcoholic stimulus to enable it to resume its functions.

A chief characteristic of this variety is the enormously dilated