In January of the present year she was again re-admitted under the charge of Dr. Powell. She was now much worse; renal mischief having supervened in September of last year. Her cough was now particularly severe, causing frequent retching; the expectoration very viscid, purulent, and somewhat offensive; pain sharp through the right side; both feet slightly œdematous; urine highly albuminous. P. 104, R. 24, T. 99.2 M., 99.6 E. The physical signs were as follows: marked flattening between right collar bone and nipple; scarcely any expansion on right side; heart's apex normal situation; resonance of left includes sternum to line of junction of inner with middle third of right clavicle, to right of which dullness not absolute on percussion; respiration over dull portion (*i. e.* right side), harsh, weak with prolonged expiration; no moist sounds.

Posteriorly—there was marked curvature of the spine with concavity to the right, opposite base of scapula; right shoulder was lowered, and the angle of right scap. was 2½ in. from spine, while that of the left was 2 inches above its level and 4 inches from the spine.

Right back on percussion generally dull; respiration weak, with occasional doubtful crackle; slight increase of vocal fremitis and vocal resonance in upper scapula region; over the whole of the left side there was good resonance with exaggerated breathing. The liver was slightly enlarged.

During her stay in hospital this time she lost ground. The renal mischief increased; her appetite failed, and she lost flesh rapidly. At my last examination, submucous rales, with bronchial breathing, were heard at left apex. She left hospital in May. Two months afterwards I happened again to see her. She was in St. George's Hospital. The symptoms had again somewhat improved.

This case is so highly characteristic as to leave no room for doubt as to the nature of the changes that had taken place.

Its chronicity; the long continued one-sidedness of the disease; the slow failure in the general nutrition; the severe paroxysmal cough, accompanied by retching; the character of the expectoration; and, above all, the physical signs: increasing contraction, deadened percussion note, weak bronchial respiration, almost cavernous at parts, all point to fibrosis.

The post-mortem, as far as I know, has not yet taken place, but you may almost draw the outlines of the picture for yourselves.

The hard contracted right lung firmly adherent to the parietes by a dense and much thickened pleura; the indurated and probably pigmented tissue of the lung penetrated by fibrous bands extending into it from the pleura; the bronchi much enlarged, and in some places dilated into cavities; the liver probably increased in size by amyloid degenerations; the kidneys granular, with perhaps some amyloid changes also.

The second case is somewhat similar, but differs in the earlier supervention of pneumonic symptoms at the apex of the sound lung, from which spot there is little doubt the hemorrhages took lapse.

John M., æt. 34, policeman, was admitted into the wards of the Brompton Hospital, under the care of Dr. Douglas Powell, November 30, 1876. He had no hereditary tendency to phthisis. At the age of twenty he had suffered from an attack of pleurisy in the left side, which had confined him to the house for about six weeks, but from which, according to his own statement, he completely recovered and resumed his duties. Shortly after this he began to suffer from a winter cough, which gradually increased in severity. In November, 1873, first noticed a slight hœmoptysis, but so slight as to give him no alarm. Eighteen months afterwards, viz., April, 1875, he had another attack, but more profuse, confining him to bed for some days; this recurred again in August of that year, and in July of the following, four months before admission. On admission the physical signs were noted as follows:

Measurement R 17¼ in.; 15¾ L, below nipple.
R 17½ in.; 15¾ L, above nipple.

Left side, marked flattening, and compressed from before backwards; very little movement of left base. Heart's apex, 5th space in. ¾ outside nipple line.

Left side, generally dull. Most resonant interscapular region; respiration weak. Tubular between 2nd and 4th ribs, outside nipple line, where cavernous gurgle heard in cough. Posteriorly, respiration weak.

Right side resonant to centre sternum; percussion hard under clavicle; respiration, harsh here, with slight crackle on cough. Supra specious fossa; slight humid crepitation; heart sounds natural.

P. 88, R. 22, T. 99·8 evg., 98·4 morning.

Expectoration abundant, purulent. No pains in chest. Much shortness of breath on least exertion. No night sweats.

He remained in hospital three months, during which he gained four pounds in weight. On going out he resumed duty, taking a shorter beat and doing