

operations. Then the blood-vessels lose their tone, and the blood naturally gravitates towards the most dependent parts of the lungs.

In passive congestion there is an increased amount of blood in the affected part, and the blood moves slower than in health. Debility of the veins and capillaries is the essential element, and the blood simply stagnates in these enlarged and feeble vessels. This debility is accompanied by impaired nutrition, and, as a matter of course, the impaired nutrition causes impaired function.

Death of the affected part is the necessary result of extreme congestion, and the dead part is *not* renewed. The importance of this fact will be fully understood when we discuss the relation of consumption to this form of congestion and to pulmonary catarrh. In very many cases the vitality of the blood is lowered.

Dr. John M. Scudder, of Cincinnati, the able editor of the *Eclectic Medical Journal*, compares an active congestion to "a freshet in a rapid stream, in which there is turbulence in the current, and a passing from side to side, and occasional eddying of the floating material in addition to the forward movement. In congestion we are reminded of a sluggish stream when filled by recent rains; we see that the stream is full, but have difficulty in determining the direction of the current until after we have observed it for some time."

If the blood-vessels rupture, hemorrhage from the lungs is the result; and the enfeeble dwells of the capillaries favour the exudation of the watery part of the blood—this, of course, is dropsy of the lungs.

This form of pulmonary congestion plays an important part in many diseases of the lungs, especially in bronchitis of children and of aged people.

Passive congestion of the lungs always creates greater difficulty in breathing than the active form, and this difficulty is aggravated by the slightest movement. This arises from the fact that in passive congestion of the lungs the circulation of