

Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF BRITISH AND FOREIGN MEDICAL SCIENCE, CRITICISM, AND NEWS.

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SUBSCRIPTION, \$3 PER ANNUM.

All Communications, Letters and Exchanges must be addressed to the Corresponding Editor,

TORONTO, DECEMBER, 1876.

Selections: Medicine.

CLINICAL DEMONSTRATIONS OF PHTHISIS.

*Delivered at the Hospital for Consumption and
Diseases of the Chest, Brompton.*

BY JAMES EDWARD POLLOCK, M.D., F.R.C.P.,
Senior Physician to the Hospital.

LECTURE IV.

GENTLEMEN,—I beg your careful attention to-day to the modifications of phthisis which take place from fibroid alterations in the lung and pleura. They lend a decided stamp and character to those forms of disease in which they prevail, and are among the most important of the agents which modify and prolong the progress of the affection. They are therefore of the highest interest in prognosis, and their clinical recognition is an essential to accuracy. I must decline to assign the name "fibroid phthisis" to any one variety of the disease, for there is no such idiopathic affection to be met with in practice; while, on the other hand, I hope to show that every chronic form of lung disease may become modified and shaped, so to speak, by an over-development of fibrous tissue. In speaking of the pathology of phthisis, I pointed out that the adenoid tissue of the lung, which surrounds the vessels and bronchi and is found between the lobules, becomes increased and hardened, grows under irritation, and thus compresses the alveoli, contributing to their obliteration, and also strangles the minute bronchioles and bloodvessels, interfering both with the nutrition of the lung and with the direct supply of air to the seat of disease. You will remember how the fibrous

tissue is also subpleural, in which position it also is capable of overgrowth from irritation. But overgrowth is not its only character; for in progress of time it shows its power of *contractibility*, so that lessened volume of the lung results, and even a diminished pleural cavity. On these two characters of primary *overgrowth* and secondary *contractibility* depend many of the physical changes in all chronic structural diseases of the lung and pleura. For remember that this fibrous contractile tissue is spread like a net throughout the lung, enveloping its vessels, extending along every ramification of bronchi and pulmonary arteries, and is in direct communication with the lining of the lung, and, in pleuritic cases, with the chest-walls themselves. The alterations in the chest-walls, from mere flattening of small portions of the chest to the contracted side with shoulder dragged down and fixed, are therefore mainly due to those toughened fibrous bands gradually binding and compressing an organ which was originally elastic and free to play in a cavity the walls of which underwent momentarily the most complex yet free movements of expansion and return. Inspect a healthy chest, and you are struck with the beauty and freedom of its play; while the eye can detect at a glance even a portion of the parietes where the alveoli have collapsed and the fibrous element has been developed and has commenced its contracting and limiting power over the chest movements. Now, first, let me impress upon you that the changes which the lung undergoes in this hyper-development of fibrous contractile tissue are of *various origin*, but of *one import*. Of various origin—for pneumonia, bronchitis,