

It may be necessary to give morphia to allay excitement; and, if indicated, give quarter grain hypodermically. This may be repeated if necessary, though not to the extent of subduing all cough, for in these severe cases it is better that the patient keep the bronchial tree fairly free of blood, to avoid subsequent broncho-pneumonia.

Excessive cough may also be treated with morphia. As healing of the aneurysm takes places through clot formation, we must prevent, as far as possible, the dislodgment of the clot.

The use of drugs to lower blood pressure in hæmoptysis is exceedingly unsatisfactory. The nitrites being vaso dilators have been much recommended. Some find them useful, others seem doubtful of their efficacy. There is no doubt but that the administration of amyl nitrite, followed by nitroglycerin hypodermically, reduces blood pressure. It will drop from 120 mm. to 105 mm. in a few minutes, and the low pressure may be maintained by sodium nitrite, or erythrol tetranitrate, these latter drugs acting more slowly than the others, but their action is more prolonged. The state of the pulmonary circulation may be estimated by observation of the pulmonary second sound. My own experience with the nitrites has been such as to place no dependence upon them. I have seen most persistent bleeding with administration of amyl nitrite.

Aconite, too, lowers blood pressure, reduces the force of the heart and slows it. Giving aconitine 1-200 grain, every 15 minutes will usually reduce a pulse from a rate of 120 to 90 in a few doses. With rapid pulse I give it until pulse is below 100 or until there is tingling of the tongue or finger tips. Atropine has been highly recommended by v. Weismayr, Babcock and others, in doses of 1-100 grain repeated, or in a single dose of 1-25 grain. It must be used with caution because of the excitement induced in some patients.

To hasten coagulation time and assist clot formation, calcium lactate and chloride have been used. The former salt is less irritating and may be given in 15 grain doses every four hours the first day, then three times a day. It must not be given continuously, but omitted for two or three days after three days' administration.

One case with persistent bleeding for some weeks yielded quickly with rectal injections of gelatine of a solution of 1 oz to a pint of water. Six ounces were given three times daily, and I would recommend this in all protracted cases. It has been suggested that its action may be due to its content of calcium salt.

The leaders in the profession seem hopelessly divided in opinion as the efficacy of ergot. I have seen bleeding cease many times on its administration, but have seen it cease more often without ergot, and