with some emphysema. The heart and blood-vessels appeared sound. Very soon he began to cough up blood in small quantities at short intervals, and, in spite of all treatment, died from hemorrhage within a week. The autopsy revealed isolated patches of emphysema surrounded by hemorrhagic extravasations in the back and lower part of both lungs. Nowhere could there be discovered the slightest evidence of structural change, which would have accounted for the hemorrhage. A microscopical examination showed that the seat of the bleeding was in the immediate neighbourhood of the patches of emphysema, and that the minute terminal arteries in these localities were always diseased. There seemed to be a causal relation between the emphysema, the hemorrhage, and the condition of the bloodvessels. The author was led to conclude that the initial change had been some minute structural alteration in a terminal branch of the pulmonary or bronchial artery; that in consequence there had been a more or less complete obstruction to the blood supply of the territory involved; following this there had arisen degeneration of the capillaries and venous radicles, determining a true atrophic emphysema; that the impairment of the vessel walls had brought about the hemorrhage which ended in death. The structural changes in the affected bloodvessels were limited to nuclear proliferation in the middle coat, and an amorphous and hyaline infiltration of it and the intima. As the patient had for years been a well-marked arthritic, and as the lesions described were akin to those which are found in the diseased articulations, the author concluded that the affection was of an arthritic nature, and might be called "arthritic hæmoptysis."

Some years ago he had under observation a very similar case, in which fatal hæmoptysis occurred in the person of a typically arthritic man, and in whom the autopsy revealed a condition practically identical with that described in the first patient. In the last fourteen years he has seen about twenty cases of hæmoptysis of this kind, some of which he details, occurring in persons over fifty years of age. He draws the following conclusions regarding the affection and its treatment:

1. There occurs in elderly persons, free from ordinary diseases of the heart and lungs, a form of hæmoptysis arising out of simple structural alterations in the terminal bloodvessels of the lung.

2. These vascular alterations occur in persons of the arthritic diathesis, resemble the vascular changes found in osteo-arthritic articulations, and are themselves of an arthritic nature.

3. Although sometimes leading to a fatal issue, this variety of hæmoptysis usually subsides without the supervention of any coarse anatomical lesion of the heart or of the lungs.

4. This variety of hemorrhage, when present, is aggravated or maintained by the frequent administration of large doses of strong astringents, by the application of icebags to the chest, and by the restricted indulgence in liquids to allay the thirst which the astringents create.

5. The treatment which appears, at present, to be the most successful in this variety of hæmoptysis, consists in diet and quiet; in the restricted use of liquids, and the stilling of cough; in calomel and salines; in the use of alkalies with iodide of potassium; and in frequently renewed counter-irritation.—*Amer. Jour. of Med. Sciences.*

DIAGNOSIS AND TREATMENT OF AORTIC ANEURISM.—At a recent meeting of the Medical Society of London, as reported in the *Brit. Med. Journal*, Dr. R. Douglas Powell opened a discussion on the diagnosis and treatment of aortic aneurism; clinically he considered that all the features of aneurism were grouped about the sacculated form; that in regard to clinical signs and treatment, the fusiform variety merged into the form of heart disease with which it was associated. In the fusiform variety the signs were manifested about the commencement of the vessel, no pressure signs were observed, and death occurred from cardiac failure, angina or syncope, the treatment was that appropriate to the heart condition. The essential phenomena of the—clinically—true or sacculated aneurism were:

First, those of pressure tumor signs; secondly those indicative that the tumor was a vessel tumor. To attach too much importance to the second of these signs without sufficient inquiry for those of tumor, was to invite error in diagnosis. Dr. Powell referred to those cases of abdominal aortic pulsation, where by paying