Progress of Medical Science.

MEDICINE.

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Treatment of Tuberculous Hemoptysis

The best position for a patient bleeding from a tuberculous focus in the lungs is the semi-recumbent one. The patient should be quieted as much as possible, and speaking is to be forbidden, unless the pulse demands it, nothing is to be given by mouth for several hours; later, small amounts of lukewarm drinks are in place. A mild cathartic, given early, will remove blood and infectious material from the gastro-intestinal tract and relieve the congestion of the lungs. The bladder and skin demand the same attention as they do in other seriously ill individuals. The most important drugs are narcotics and a dose of morphine and atropine is indicated unless there is anæmia of the brain or fear of aspiration. The atropine is not only an antidote for morphine, but also possesses hemostatic properties of its own. Morphine with scopolamine (0.0005 Gm.) may be tried.

In long-continued hæmorrhages, codeine, heroin, or dionin may be given. Amyl nitrate, 4 to 7 drops inhaled, will often check severe hæmorrhages without interfering with the cough. Gelatin may be used by mouth, rectum, or under the skin. Other drugs said to have hemostatic properties are calcium chloride, salt, and sterile horse-serum. Lead, iron, ergotin, stypticin, and styptol, the author claims, are virtually useless in pulmonary hæmorrhage, and adrenalin should be carefully avoided.

Among physical measures is the application of an ice-bag and the use of ice-pills internally. Hot water-bags and hot rectal injections draw the blood away from the lungs. The extremities may be tied off so that the venous return flow only is interfered with, and the affected side of the chest can be immobilized with adhesive plaster strips.

Attempts have been made to resect the first rib and compress the lung directly, but better results have been obtained from the artificial pneumothorax (inflation of the pleural sac with