

Now, it seems to me that what is to be learned from a case of this kind is, in the first place, to beware of making a diagnosis of tubercle except on sufficient grounds. Hæmoptysis alone does not afford such grounds. With very little care one ought to be able to come to a conclusion as to the cause of an hæmoptysis within a day or two of its occurrence. One of the best means of helping us to a conclusion is the use of the hæmomanometer. In the case of an hæmoptysis where the blood pressure is low, one certainly has good ground for grave suspicion. The bacillus of tubercle is a vaso-dilator; a tuberculous person almost invariably has a subnormal blood pressure. Where, on the other hand, the blood pressure is high, one may always assume that the blood has issued not from the pulmonary, but from the bronchial vessels—that, in fact, the hæmorrhage is due to what Sir Clifford Allbutt calls hyperpieses, to high arterial tension, and not necessarily to any organic disease. Where the blood pressure is at, or about, the normal level, one may be in the presence either of emphysema or of mitral stenosis. It rather depends upon the stage of either of these diseases what the blood pressure will be. In not very advanced cases the blood pressure may be low; in very advanced cases it may be high. But in a general way it is not conspicuously one or the other.

In our endeavors to exclude tubercle as a possible cause, we ought never to neglect the simple expedient of examining the sputa for the bacillus. I need not remind you that a negative result must not be regarded as conclusive; that it is necessary to repeat the examination two or three times; whereas from a positive result there is no appeal. But even where no positive result is obtained, there are other means of coming to a conclusion about the existence of commencing tuberculosis.

The mistake in diagnosis from which this woman has been suffering has resulted in a considerable aggravation of her difficulties. She has been fed on stimulating foods, and has been given stimulating and tonic medicines. This is, of course, the very reverse of what should have been done for her. Having regard to the fact that she has had more than one attack of hæmoptysis, it looks as if the communications described by Rindfleisch as being generally formed between the pulmonary artery and the pulmonary and bronchial veins, have not been formed in her case, so that the back pressure is obliged to relieve itself by these hæmorrhages. Obviously, therefore, the first thing to do, if you can get your patient to consent, is to perform venæsection. If she will not consent (and not many of them will).