

I endeavored to determine the significance of these changes, and for this purpose studied the life history of the case, when I saw that the patient had been for years an arthritic, that he had suffered on many occasions from many of the constitutional manifestations of this diathesis, and that the structural changes in the pulmonary bloodvessels were akin in character to those which were found in the diseased articulations, I permitted myself to conclude that the malady was of an arthritic nature, and that I had seen and dealt with a case of what might be called without serious scientific impropriety, "arthritic hæmoptysis."

Some seven years ago Sir William Jenner, Dr. Wilson Fox, and I were summoned together to consult about a lady suffering from an incoercible hæmoptysis. She was a Jewish lady over sixty years of age, very stout, very "rheumatic," and always ailing. She had nodular finger joints, frequently recurring bronchial asthma, and occasional outbreaks of either eczema or of urticaria. Ten days before our visit, when suffering from an ordinary catarrh without accompanying fever, the patient began to cough up blood, and had continued to do so in small quantities at intervals of three or four hours since. The patient had a somewhat large heart, but there was no murmur, and there was no evidence of systemic arterial disease. Within the previous two days the pulse had become quick and frequent, and the temperature had risen to close upon 100°. In the lungs there were signs of generalised bronchial catarrh, of emphysema, and of basic congestion. The patient complained of frequent cough, of great oppression of chest, and of growing difficulty in expectorating. She had, furthermore, a loaded tongue, thirst, loss of appetite, a swollen liver, and all the signs of a gastro-enteric catarrh. She had been carefully treated by absolute rest, fluid food, ice to the chest, and in succession by lead, gallic acid, and hypodermic injection of ergotin. After full discussion, it was determined that another method of treatment should be tried. The patient was ordered to have a light and rather dry diet, to be sparing in the use of liquids, to discontinue the ice, to have a calomel pill at night, followed by a saline cathartic on the succeeding morning, and to take an alkaline mixture with ammonia between meals twice a day. Within thirty-six hours the bleeding ceased, and the patient made a speedy and complete recovery. About a year and a half ago the patient consulted me at my house for subacute rheumatic arthritis. She told me that since she saw me first she had had one attack of bleeding, and that it was quickly cured by calomel and salines.

About six years ago I was summoned to meet Mr. MacLaren in consultation about the case of a solicitor who had been suffering from an obstinately recurring hæmoptysis of small amount. The patient was over sixty years of age, had

been always delicate and often suffered from incomplete attacks of what was considered to be rheumatic gout. He had rimmed finger-joints, patches of dry eczema, and occasional nervous headaches. A few weeks before our consultation he had contracted a feverish bronchial catarrh and was confined to the house. After a fortnight's cold he began to have some oppression of chest and to be short breathed. This was followed by a small hæmoptysis which gave relief, but the hæmoptysis recurred, and at our consultation there was no sign of its cessation. The patient had no fever and only a slight hurry of circulation. There was a general bronchial catarrh, the fore parts of the lung were emphysematous, and there was some basic congestion, greater on the right side than on the left. The tongue was furred. There was anorexia with some thirst. The bowels were inadequately relieved, and the urine was pale and of low density, but free from albumen. The patient was directed to rest and keep warm, to live upon a light, semi solid diet, to be sparing in the use of liquids, to be freely counter-irritated over the chest, to have a succession of small doses of calomel at bedtime, supplemented by saline aperients in the morning, and to take between meals, twice or thrice in the day, a mixture containing iodide of potassium, bicarbonate of potassium, and ammonia. This treatment was not particularly agreeable to the patient, who had medical views of his own. Nevertheless, it was adopted, and appeared so far successful that within four days of its adoption, the hæmorrhage had ceased. I heard of the patient from a relative some months ago, and I was told, although he led a too sedentary life, he was well and at work.

I conclude with a statement of the propositions which I have framed out of the results of my own inquiries. These propositions are as follows:

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

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

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

4. That when present this variety of hæmorrhage is aggravated or maintained by the frequent administration of large doses of strong astringents, and by unrestricted indulgence in liquids to allay the thirst which the astringents create.

5. That the treatment which appears at pre-