

vital fluid. Sometimes the resultant anemia may be the ultimate cause of death. This is more apt to be the case when the patient is subject to frequently-recurring light hemorrhages, to which he becomes so accustomed that he does not pay the proper attention to his condition.

One of the most important requisites in meeting the condition, no matter what the cause, is the possession of a "level head" by the medical attendant. When the hemorrhage is severe there is every appearance of immediately-approaching death, and there is often extreme excitement both on the part of the sufferer and of his attendants, each acting and reacting upon the other until the worst possible conditions are produced, two hemorrhages often following in quick succession. Anything that tends to increase the excitement and alarm of the patient will necessarily increase arterial pressure and predispose to a recurrence, and the excitement may thus prove immediately disastrous.

In such a scene a cool and clear-headed physician who will act with calm deliberation is invaluable. A hasty, nervous man has no business in a sick room of this kind. The first measure is to calm the patient and restore to him some degree of confidence. When such a state of mind is induced it is ample time for more energetic measures. Sometimes this condition may be produced by the mere personal magnetism of the attendant; sometimes some therapeutic measure is necessary to give the idea that all possible is being done immediately; but whatever means may be used it is necessary that the mental equilibrium of the patient be restored. He will then be in a condition to be benefited by whatever may be done.

First of all, clear the room of all save the necessary attendants. Be rigorous on this point, and choose as your assistant an optimist if at all possible. Put your patient to bed, and keep him quiet. Tell him he is not going to bleed to death, and that you are not at all frightened. It is well to begin at first with some familiar

practical remedy like common table salt. Call for this and give your patient a full tablespoonful, telling him to swallow it at once with as little water as is absolutely necessary to wash it down. Keep him quiet a few moments and then place an ice-bag on his chest, and let him swallow small pieces of ice. Tell him there will probably be another hemorrhage in a few hours. This will steady him and probably prevent harmful excitement and loss of confidence in you and your treatment should hemorrhage occur. Make a solution of one grain of atropin in an ounce of pure water, and give of this five to eight drops every three hours until the hemorrhage has absolutely ceased. If there is cough, give minute doses of some form of opium, preferably Dover's powder, every two or three hours. A single grain of the powder will generally be sufficient for a dose.

If the pulse is excited and strong, veratrin is indicated, digitalis being the indication for the opposite condition. If there is great dyspnea with danger of suffocation, withdraw the clotted blood from the throat and larynx, and give champagne in small quantities. Fever is often best met by five-grain doses of quinine every three or four hours, but this must be used with caution. Fluid extract of ergot in doses of one drachm every hour is claimed to be of excellent avail in cases where there is not great vascular tension, but this drug has its chief effect upon the uterus, and atropin will meet the condition under consideration far better in hemorrhage from the lungs.

Make no examination of your patient by percussion or in any other way that will require movement or be likely to break down clots and bring on a renewal of the hemorrhage. It is nearly always almost impossible to find the source of a hemorrhage, and after all, the source is not a matter of crucial importance.

The patient should remain in bed at least a week after all indication of hemorrhage has ceased, and so soon as he can leave his bed the question of change of climate should be considered. This be-