- 4. The fector preceded the hemoptysis. This it has been occasionally observed to do in gangrene; but in all probability the hemoptysis would have preceded the fector were it a case of tuberculous cavity; for Dra Walshe has shown that this symptom occurs in 50 per cent. of all phthisical patients within the first month's illness, and in nearly 72 per cent, during the first stage of the disease. How improbable, then, that Doyle should for the first time suffer from hemoptysis when in the third stage of consumption!
- 5. The attack of profuse and protracted homoptysis supervening upon a very severe wetting, in a previously healthy person, points to a sudden and serious lesion; and cases are on record to show that such a combination has frequently occurred in pulmonary gangrene. Thus in six of the nine cases of gangrene of the lungs, already mentioned as caused by the sudden and powerful operation of cold, more or less hemoptysis, was a striking symptom; indeed, in three of them it was profuse, and in one of these see:ned to have been the immediate cause of death. tion of the hemorrhage in our patient has something very striking in it he asserted positively that it continued for six weeks without actual intermission, and that occasionally it was enormous. Such a protracted hemorrhage appears rather indicative of destruction of pulmonary tissue by sloughing, than of the congestion of the lung, which occurs in the early stages of phthisis. And it is quite probable that the fearful homoptysis, which began on the 25th instant, and in twelve hours filled with florid red blood a large chamber utensil to two-thirds its capacity, was repeated on the 26th and 27th, to the extent of about a pint (exclusive of the copious and abominably offensive diffluent expectoration) and now continues,-has been caused by a fresh invasion of the sloughing pro-Before leaving this part of the subject, I would remark that heemoptysis is a more frequent symptom of pulmonary gangrene than is generally supposed. In one of the ablest and latest works on thoracic disease, Walshe, when speaking of the expectoration in gangrene of the lungs, says, it is "rarely bloody in adults." Dr. Stokes, it is true, concludes, "that beemoptysis attends each access of the remittent disease;" but this does not express the whole truth, for I find that the symptom in question occurred in adults in 18 out of 32 cases in which anything like a careful record of the symptoms had been made. In three of the former, tubercle was also found in the lungs at the autopsy; and allowing, for the sake of argument, what certainly requires proof, that the tubercle preceded the gangrene, and was the cause of the homoptysis,—there yet remains the proportion of 15 cases of homoptysis to 32 cases of gangrenc, or nearly one alf. Let me remind you that while hoemoptysis