Selected Article.

A CLINICAL LECTURE ON HAEMOPTYSIS AND EMPHYSEMA.

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There are a great number of people going about who are supposed to be tuberculous, but who are, in point of fact, no more suffering from tubercle than they are suffering from elephantiasis. This woman is a case in point. Her age is 53, an age at which, I admit, tubercle is rather apt to lay hold of those who have a predisposition in that direction. It is the age of decrescence, the "gloaming of life," as the French artistically put it (l' âge crèpusculaire), and it is when the vital forces begin to decline that the powers of resistance against tubercle

become depressed.

This patient has been going about with a diagnosis of tubercle upon her for some twelve months, and yet she does not look tuberculous. She is not only well-nourished, she is even stout, and so far from being anæmic, she is florid. makes no complaints of night-sweats, and has no tuberculous family history. But she coughs, and not only so, but she has had two or three attacks of hamoptysis, and it was apparently on this combination that the diagnosis of tubercle was based. Now, it is scarcely necessary for me to insist that hæmoptysis is by no means necessarily tuberculous. The accident owns many causes, amongst them, and one of the commonest, being mitral stenosis. A person with mitral stenosis may very easily have a chronic bronchitis from back pressure on the lungs, so that, to the attacks of hæmoptysis, there is superadded a chronic and distressing cough. Hæmoptysis, even when accompanied by a cough, is therefore by no means necessarily due to tubercle. Another cause of hamoptysis is high blood pressure, the blood in this case issuing not from the pulmonary, but from the bronchial vessels, which are branches of the thoracic aorta; and, as you know, a person with high blood pressure may bleed from He may bleed from his bronchial vessels, he may bleed from his nose, from his gastric mucosa, from his kidneys, and even into his retina. But the patient before us has not got