and was generally up the second day after confinement. About two years ago, while nursing her child, and being rather exposed to draughts, she caught a severe cold. She took a warm bath and hot drink and went to bed almost immediately. Next morning, when getting up, she fainted. Since then she has never regained her health. The cold was shortly succeeded by a dry, hard cough, which she was unable to get rid of. About three months after this first attack she coughed up about a tablespoonful of blood. The cough began in the ordinary manner, but instead of bringing up a harsh yellow expectoration she coughed up blood. After this up to the present time, at intervals varying from 3 to 4 months, she has these attacks occurring, and she will cough blood about 6 or 8 times during 24 hours. Between the attacks she is troubled with the cough. Before each attack she experiences a dull pain, succeeded by a sharp darting one under the left breast, and a feeling of general oppression over the chest.

THE PRESENT ATTACK occurred on Wednesday last. The blood coughed up is of a bright red color, intermingled with minute bubbles of air. During Wednesday night she brought away a large quantity, but was unable to secure it."

I placed her on a mixture containing Vinum Ipecac and Tinct. of Ergot, and whether due to the medicine or to nature, her cough is somewhat easier, and the expectoration of blood has ceased. The quantity which this patient has at any time passed has not been large, and the probability is that the present attack would have been slight even without any medicine having been given to stop the flow. There is, so far as the report shows, no history of heredity of consumption, although one sister, she admits, died of this disease. If we could get the history of the grand-parents and their relations it is more than probable that in some branch of the family a phthisical tendency would be discovered—for it is a well recognized fact that a hereditary tendency to many diseases passes over one, sometimes two generations—only to re-appear in the next. Upon examination of this woman's chest we will find decided dullness in the left infra-clavicular space with diminished or weakened vesicular murmur while posteriorly, immediately below the angle of the left scapulæ—and covering a small space there are distinct mucus rals. The other portions of the lung, indicate a feeble organ while the right is so far in a healthy condition. The history of the case shows that the exciting cause was a cold caught while exposed to a draught, and that this cold she has been unable to throw off. Her general condition seems fairly good, and there is one sign about her case, which is favorable, *i. e.*, that her general nutrition is excellent, and that there is no marked activity in the disease. From the small quantity of blood she has brought up on each occasion I infer that the spot of softening is limited, and that the vessels which have opened from the breaking down of tissue have also been small.

When called to a case of this kind you have to decide as to whether the blood comes from the stomach, post nares, the mouth or fauces. If it comes from the stomach, it will be ejected by vomiting and will be mixed with food. It will give an acid reaction, whereas pure blood is alkaline. It usually also has a blackish color from the action of the gastric juice. If it comes from the posterior nares, it is in the form of dark solid sputa, which are removed by hawking. An inspection will show you whether it comes from the mouth and fauces. It is coughed up, when it comes from the air passages, it is felt in the larynx and trachea, and is ejected with but little effort. In color it is bright red and contains bubbles of air, as did the blood brought up by this patient. The amount brought up varies from a teaspoonful to one or two pints, the average is a few ounces. It may last only a few minutes, when the amount coming up gradually ceases, but for several days the expectoration is tinged with blood. Death rarely takes place during an attack, but it does sometimes. A patient may only have one attack; when this is the case, it is generally found that nature has taken this method of relieving a congestion of a portion of a lung. When it repeatedly occurs, at longer or shorter intervals, it is looked upon generally as indicating a serious condition of the lungs, though, I must say that an experience of over twenty years, has lead me not to take a too serious view of an hæmoptysis, unless there are other indications of a rapid softening of pulmonic tissue.

If hæmoptysis is large, suspect an aneurism unless the patient is in advanced phthisis; an aneurism sometimes eats its way into the bronchial tubes, and is thus discharged; an attack of hæmoptysis generally causes much alarm. The patient is nervous and agitated. Your first duty is to reassure the patient, 1st, that there is no immediate danger, and a possibility of a complete recovery.