

Nov. 20th, 1888, in *British Medical Journal*, Dr. Pearcy reports a case which he had cured by injecting the iodo-glycerine solution.

HEMOPTYSIS IN ELDERLY PEOPLE IN ABSENCE OF TUBERCULAR AND CARDIAC DISEASE.

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In his work on pulmonary consumption, Dr. Theodore Williams thus formulates his conclusions on hæmoptysis, from the results of many thousand cases. Streaks of blood, as occur in the sputa of bronchitis and pneumonia, are set aside. Hæmoptysis may, then, arise from (1) alteration in the composition of the blood, as in scurvy, purpura, and, markedly, in hæmophilia. (2) From congestion of the lungs, through cold or alcoholism. In the latter, all organs are gorged with blood and friable, and more than a pint may be expectorated, and in congestion from cold he has seen the hæmoptysis exceed that quantity, and no pulmonary lesion be found after death. (3) Cancer, and hydatids of the lungs. (4) Disease of the heart and great vessels, especially aneurism of the aorta—these are common causes. (5) Strain on the heart from over-exertion, resulting in pulmonary congestion. (6) Embolism and thrombosis of pulmonary vessels. (7) Disease of menstruation. (8) In bronchiectasis much blood spitting may occur. And (9) injuries to the thorax and lungs.

Now, if we except these causes, he says, we may lay down as a law that hæmoptysis, exceeding one ounce in amount, is due to changes in the pulmonary blood-vessels, connected with phthisis. Like all laws this, too, has its exceptions.

Last year, Sir Andrew Clark described a rare form of hæmoptysis, occurring in elderly people* who were then, and remained, free from evidences of pulmonary tuberculosis or cardiac disease. In these cases the hemorrhages were usually moderate in quantity, and recurred at short intervals. It sometimes persisted for days. In all his cases there appeared to be some bronchial catarrh, with slight emphysema, and a rheumatic tendency. In two fatal cases the

bronchial mucosa was found inflamed; the anterior parts of both lungs were pale, dry, and emphysematous; in the lower and back parts of both lungs, which were deeply congested, were many patches of emphysema surrounded by hemorrhagic extravasations. There was no evidence of tubercle, cancer, or any coarse change that could lead to hemorrhage.

A microscopic examination showed that wherever there was an emphysematous patch there was a diseased artery; and if the artery was much diseased the capillaries and veins were also affected; and generally, if the artery was obstructed and degenerating, there was hemorrhage. Clark's opinion is that the disease of the artery was the first to occur, resulting in a deficient supply of blood to the part involved; then followed the degeneration of the venous radicles and capillaries, causing, in turn, true atrophic emphysema. The strength of the vessel-wall being thus impaired, increased blood pressure from thrombus, or other cause, led to rupture and extravasation. The change in the vessel-walls was found to consist chiefly in a hyaline infiltration of the middle and internal coats of the vessel, similar to the changes found in the vessels of diseased articulations of arthritic cases, hence he suggested the propriety of applying the term "arthritic hæmoptysis" to such cases.

The following case probably belongs to this interesting class: Thomas N., aged 60, a nervous, energetic man, a large manufacturer. Had always been healthy. Was addicted to alcoholics some years ago. In the effort to break the habit he acquired an appetite for chloral, and to get rid of that became addicted to opium, which he had taken regularly for the last fifteen years. Has had slight rheumatic attacks, to the extent of slight pains in the shoulders and other joints. On account of the loss of his teeth, he had lived on a slop diet for the last few years. In October, 1889, he had a sharp attack of bronchial catarrh with troublesome cough. The pulse was full and hard; the anterior walls considerably calcified. The urine rather dark, scanty, and high sp. gr.; bowels rather constipated. The chest in front was somewhat hyper-resonant, there being evidently slight emphysema. Chloride of ammonium was given for the bronchitis, and nitro-glycerine to relax the arteries and relieve their tension. The bowels were moved freely. He

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