

within the pulmonary circuit, and that it may be also due in part to hypertrophy of the right ventricle resulting from a damming back of blood in the lungs in mitral disease or obstructive pulmonary disease. That the pulmonary condition was the cause in nearly all the cases referred to above is evidenced by the fact that in the same 732 cases the record of heart lesions is as follows:

Aortic stenosis	08.
Pulmonic stenosis	02.
Mitral stenosis	04.
Mitral regurgitation	15.
Mitral regurgitation and stenosis.....	03.
Dilated right heart	80.

It is not therefore an unreasonable hypothesis to consider the frequent appearance of this accentuated second sound as being due to a rise of tension within the pulmonary area, due to the resistance to the onward flow of blood through the myriads of pulmonary capillaries. But whatever may be the normal pressure in the pulmonary area in any particular patient suffering from pulmonary tuberculosis, it is evident that if hemoptysis is to occur a point must be reached at which the pressure is too great for some particular vessel to withstand. And when it is remembered that, in pulmonary tuberculosis the vessel from which a hemorrhage takes place is probably one weakened by the progress of the disease process, it is not necessary that the pressure in that particular area be even higher than normal. It is evident, also, that the strain on a particular vessel wall may be altered by a change in the pressure either within or without the vessel. And if hemoptysis is to be prevented it is necessary, since the pressure outside the vessel wall is not under control, to endeavor, if possible, to keep the pressure within the vessel considerably below the danger point.

Much has been written and many suggestions made in regard to the treatment, immediate and subsequent, in the case of hemoptysis, but very little, if anything, has been done along the line of its prevention. It will readily be seen that this is a subject of some value, significance and interest.

Many authorities claim that it is impossible to permanently maintain a reduction of pressure in the pulmonary area by means of any therapeutic agent. This, however, is a statement which cannot very well be proven, since no experimental observations of blood-pressure in the pulmonary area have been made without the production of conditions far removed from the normal. Clinical observations, however, go to show that increase of pressure in the systemic area produces an accompanying