

**Andrew J (1891).** Harveian Oration. London: Adlard and Son. p 16-19.

**Title pages**

THE  
HARVEIAN ORATION

DELIVERED BEFORE

THE ROYAL COLLEGE OF PHYSICIANS

OCTOBER 18<sup>TH</sup>, 1890.

BY

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HONORARY FELLOW (FORMERLY FELLOW) OF WADHAM COLLEGE; PHYSICIAN  
TO ST. BARTHOLOMEW'S HOSPITAL.

LONDON:

PRINTED BY

ADLARD & SON, BARTHOLOMEW CLOSE.

1891.

**Key passages**

In the course of last winter it was my fortune, whether good or bad I know not, to meet with several severe cases of hæmoptysis, two or three of which, in spite of my best efforts, ended fatally. About the same time I rashly undertook to give a lecture on the treatment of hæmoptysis at the City of London Hospital for Diseases of the Chest. My attempt to instruct others was repaid by the highest reward which can fall to the lot of a would-be teacher, the conviction of my own ignorance. I found, not for the first time, what many of you must also have found, that the treatment of hæmoptysis is eminently unsatisfactory. In fact that, beyond a few general measures and simple remedies, all tending to reduce blood-pressure in the vascular system as a whole, it was very doubtful whether our present supposed knowledge enabled us to do any good at all to our patient. I was reduced to a state of therapeutic despair and even suspected that of the drugs commonly employed some might be actually injurious. The same feelings, the same sense of helplessness, had often passed over me before, but without any good result. This time the stimulus, perhaps of St. Luke's day, was stronger and I tried to look for a remedy. The following enumeration of remedies which, at different times, and on more or less satisfactory grounds, have been supposed to be of value in the treatment of hæmoptysis, is taken from a well-known standard work on Pharmacology, Therapeutics and Materia Medica. Long as it is a less critical author might have made large additions to it: neither have I any fault to find with the place which it, and similar lists, occupy in therapeutical writings, they are a necessary part of the work, and in this case the writer has been careful to add to its value by drawing special attention to those means on which he believes that the most reliance may be placed. It is noteworthy that he does this in three cases only, viz. gallic acid, hamamelis and lead acetate.

## *Hæmoptysis.*

Acetic acid	Copaiba
Aconite	Copper sulphate
Alum	Digitalis
Ammonium chloride	Dry cups. To chest
Arnica	Ergot and ergotinin
Astringent inhalations	Ferric acetate
Barium chloride	Ferri persulphas
Chlorodyne	Gallic acid. Very useful
Chloroform. To outside of chest	Hamamelis. Very useful
Ice	Hot-water bag. To spine
Ipecacuanha	Pyrogallic acid
Iron. And absolute rest	Silver oxide
Lead acetate. Very useful	Sodium chloride. In drachm doses
Matico	Subsulphate of iron
Morphine	Sulphuric acid
Opium	Tannin
Phosphoric acid	Tr. Laricis
Potassium bromide	Turpentine
Potassium chlorate	Veratrum viride
Potassium nitrate	

Now, on looking through a long list like this, one's first and last thought is that it gives us a very good illustration of the truth of the old axiom that when many drugs are supposed each to cure one and the same disease, we may safely hold that few, if any of them, have the least influence over it. Some of these before us have been proposed on chemical, some on nervous or vasculo-nervous theories, and the claims of a few have been supported by direct physiological experiment, but all in the last resort profess to have had their worth determined by clinical observation of the effects which follow upon their employment.

In a matter of this kind, however, clinical observation has to be received with great distrust and must be carefully sifted. It is not sufficient to quote a long list of cases in a large percentage of which complete recovery followed the exhibition of certain remedies. With this we want a control-list of the issues of cases which have run their course without any treatment whatever, and so far as hæmoptysis, or indeed any other disease, is concerned, no such control-list exists. Experience in large out-patient hospital

practice for many years, taught me that cases of hæmoptysis, of all degrees of severity, are of very frequent occurrence, in which recovery takes place without any medical interference, and that too under very unfavourable conditions of life. And further, that this *vis medicatrix naturæ*, this self-help, shows its power most clearly in what may seem to be the worst cases; *i. e.* a patient has a sudden rapid profuse hæmoptysis, he remains at home, and the bleeding does not return, or only after a long interval to be reckoned by weeks, months, or even years; or, again, so soon as, or even before the hæmorrhage has ceased, he is seen by a doctor who injects ergotinin subcutaneously, and believes, pardonably enough, that the injection has stopped the bleeding. But in each case the syncope, following the sudden loss of even a comparatively small quantity of blood, has given sufficient pause to the circulation to favour the formation of a clot in the ruptured vessel itself, or in the bronchus or vomica with which it communicates.

We cannot judge of the effect of remedies without some knowledge of the natural history of the diseases in which they are employed. Perhaps in the case of hæmoptysis, the same mistake, *viz.* that of attributing the natural termination of a pathological process to the effect of remedies, is repeated, which up to a few years ago was made in that of pneumonia, another pulmonary affection, and of the specific fevers. Clinical observation has so far failed to give anything like scientific proof of the supposed influence of certain drugs upon hæmoptysis