

affection I have frequently encountered a spasmodic cough, which was practically asthma without the paroxysmal characteristics and which persisted despite the use of the conventional remedies. In such instances, *atropin* was diagnostic by its curative action. Spasmodic coughs rapidly yield to this remedy. I usually administer it in a solution—five grains to an ounce of water, one drop for a dose representing approximately $\frac{1}{100}$ grain of the sulphate of atropin. Beginning with one drop three times a day, it is gradually increased by one drop daily until the physiologic effects (dryness of the mucous membranes and persistent mydriasis) become manifest. It is a superb vagus antispasmodic, and curtails the swelling and secretions of the bronchial mucosa.

Iodide of potash is another valuable drug in diagnosis. In suspected apical lung affections, where a modified respiration is present without rales, the latter may be produced artificially by the administration of the iodide. The same agent will also intensify the auscultatory phenomena of an old pleuritis by augmenting the pleural transudate. *Bromoform* is also an aid in diagnosis. There are many spasmodic coughs in adults as well as children which are practically cases of pertussis, even though the characteristic whoop is absent. In such atypical instances bromoform may aid us; and while it is not a specific in pertussis, it has a decided action on the paroxysms, such as is possessed by very few drugs.

The troublesome hacking cough often present in the tuberculosis state is, as a rule, unattended by expectoration, and this deprives us of a most important means of diagnosis. In such cases I avail myself of a manœuvre somewhat similar to that resorted to by genito-urinary surgeons; the latter before deciding whether a urethral secretion is free from gonococci, inject into the urethra a fluid which excites suppuration, or at any rate augments secretion. If a re-examination of the urethral secretion shows no gonococci, the danger of the subject transmitting the disease is slight. My method does not aim to excite suppuration, for if this were the object it could easily be attained by intratracheal injections. What we want is to augment and to expel the bronchial secretions. The *creosote vapor-bath*, as suggested by Chaplin (*British Medical Journal*, 1895, p. 1371), answers this purpose admirably. The effect on the patient is to induce violent cough with profuse expectoration. Even in lung tuberculosis where the tubercle bacilli are few or