

jectionable and undesirable, and requiring to be dealt with. The circumstances under which cough is developed in pulmonary phthisis vary. Sometimes mere apex consolidation is accompanied by cough. Where there is bronchial implication and localized bronchitis in the affected area this can readily be understood; but at times there is cough without the moist rales indicative of this condition. We are compelled here to suppose some irritation of the pulmonary fibres of the vagus, which is transmitted to the respiratory centre, leading to discharge producing the modified inspiration and expiration familiar to us as "cough." Belladonna is said to exercise a decided influence over these fibres, and so is indicated in such condition. (By this property belladonna, or atropine, is a desirable addition to an opiate for a night-pill.)

It has also been claimed for gelsemium semper-virens that it is useful in such cough by its action upon the nervous mechanism of the respiration. Bromide of ammonium suggests itself at once for the relief of such cough, from the known utility of the bromides in the reflex trouble.

One curious point there is about cough in its relations to static pulmonary consolidation, and that is this. Whenever a person possessed of a patch of consolidated lung has also the liver upset then the irritation in the said patch with resultant cough is marked. No cough medicines nor antispasmodics do any good; but agents which act upon the liver, as a blue pill at bed time (or other mercurial), and a dose of sulphate of soda next morning produce a distinct and unmistakable effect in lessening the cough. Consequently, when a patient complains of troublesome cough and an area of consolidated lung is found, it is often well to inspect the tongue and inquire into those subjective sensations experienced when a person is bilious or "liverish." From its known effect upon the liver, opium not only gives no relief, but positively aggravates the condition.

When a tubercular mass, or a proportion of the consolidated area commences to soften—probably by the proliferating cells being so crowded on each other that they die; possibly by the appearance of bacilli on the scene—then we can readily understand the outcome of cough, and often severe cough. The dead mass is an irritant—like the thorn of Van Helmont—as a process of ulceration cuts it off from the surrounding lung-tissue; and during the time the process is going on there is distinct local irritation setting up cough. There is, too, hectic fever, with nocturnal pyrexia and night-sweats. In this condition it may become necessary to add some opium or morphia to the mixture of quinine and phosphoric acid so much in vogue for its relief; and whether any sedative must be added or not, and, if so, what quantity, is a matter to be decided by the merits of each particular case. That some morphia is unavoidable to procure sleep in such condition goes without question; but it must be guarded by the additions suggested in the article on "Pulmonary Phthisis." Such a con-

dition is like a specific fever, or a storm at sea, in that it comes to an end sooner or later, and if the organism can be kept going, or the ship afloat till the end comes, all is well. Of course if there be but one softening patch the irritation set up is smaller than when there are several such morbid areas. In the latter case, opium in the day may be unavoidable; and its drawbacks must be met and got rid of, or neutralized, by such wit and skill as the medical attendant can command, either in himself or some consultant of more experience or deeper thought. Above all things, keep up the powers by such food as the patient can take. The fever usually brings with it thirst. Then let the patient have cold beef-tea, with baked flour in it; malt extract, with effervescing water; milk, with mineral water or whey; or milk diluted with water and some Mellin's food added; and good home made lemonade, with a fair amount of acid and sugar or malt extract in it. Rice water, or barley-water or tamarind-water may be relished. Grapes and the juice of fruit are excellent. Alcohol may, too, be indicated. Sometimes it is neck or nothing. The patient must be heavily dosed with opium to allay the paroxysms of cough, aye, and there is something more than cough, viz.: the danger of hemorrhage from the ruptured bloodvessel in the softening area, brought about by violent effort at cough. The poor patient is like a soldier with bullets flying over his head; if he escapes one, the other hits him. The patient is passing through a period of acute perils; perhaps rather he is like a canoe shooting rapids studded with rocks; much, very much, depends upon the boat-man's skill and experience; something upon luck—and the patient's luck is the luck of a good constitution! If the softening areas be numerous and extensive, then the prospect of escape is small, and the skill of the steerer will be gravely taxed. In spite of everything that skill and assiduous attention can do or accomplish, the case may go on from bad to worse unto the inevitable end.

But, in my own experience of phthisis, cough has not been so very prominent a matter as to require treatment in the day except in a few instances. It is not common for the consumptive to be shaken by racking cough requiring opium in the day. And on enquiring of an experienced sister at the hospital, who has watched the practice of many physicians, including the late Dr. Peacock, she informs me that my personal experience is in harmony with that of other physicians at Victoria Park Hospital. It is at night that cough is prevalent, and the use of opium in combination with other agents, to procure a good night for the phthisical patient, is a matter upon which there is a general agreement.

When there is one or more cavities present the use of opium is not effected by the fact. Indeed a cavity is a matter of little moment one way or the other, therapeutically. Of course the patient is no better for having a cavity, but the question is, is he any worse? Patients with cavities die,