

eighteen minims at a dose. There is a very great variation in the susceptibility of different individuals to the drug. The second indication is to check the overgrowth of fibroid tissue, and this I believe can be accomplished by the use of chloride of gold and sodium. For many years I have recommended this drug, and my faith in its efficacy is stronger now than ever. I am quite sure that I have seen cases cured by its use. The dose to commence with is 1-20 of a grain, increased to 1-10. I prefer to give it in pill form, though it may be prescribed in solution, if preferable to the patient. In chronic fibroid kidney, the question of diet is of paramount importance: large solid meals are injurious. The diet should consist of milk, animal broths, but few vegetables, and those of a succulent nature, and some fruit. The patient should dress warmly, avoiding, especially, exposure of the feet and ankles, avoiding vicissitudes of temperature, preferring a uniformly high to a low one. Remember that in many cases there is a syphilitic history, I believe in at least ten per cent, and in such cases with the remedies already indicated, I would combine the corrosive chloride of mercury in doses of one-fortieth of a grain.

PECULIAR CASE OF LEAD POISONING.

When I looked at this man's swollen hand, outside, a few minutes ago, I was struck with the resemblance it presented to a case of plumbic rheumatism. For several weeks his hands have been swollen as you see them, commencing in the right and extending to the left. The joints very much resemble the condition seen in lead-poisoning, but when we inquire about his trade, we learn that he is a shoemaker; now how could a shoemaker become poisoned by lead? When we inquire critically about the tools of his trade, we learn that the tacks which he uses are coated with lead, and that he is in the habit of keeping them in his mouth. When I look at the gums, I cannot say that I see a positive blue line, but they possess a bluish grey tint. These two facts and the absence of signs of any other diseased condition, incline me to the view that he is suffering from plumbism. In these doubtful cases, the correctness of the diagnosis can be determined by the results of treatment. The iodide and the bromide of sodium both form soluble combinations with lead, while the bromide will also afford some relief to the uneasiness occasioned by the swelling. He will also take sulphuric acid lemonade, and the contents of his bowels will be kept soluble by sulphate of magnesia. The joints will be kept at rest, and if he can afford it, he will take sulphur baths.

If our diagnosis be correct, he will feel worse for a day or two, when he will commence to improve. In these doubtful cases we can often

settle the question by urinary analysis, when, if it be lead-poisoning, we will find the salts of lead.

COUGH.

The following article, by J. Milner Fothergill, M.D., Edin., appears in *The New York Medical Record*.

In this day of careful physical examination of the thorax some other matters have almost dropped out of sight. The old physician who recently declined the loan of a stethoscope by a young clinical assistant for the diagnosis of pneumonia, saying, "Thank you, young man; but I think I can detect pneumonia without a stethoscope! could no doubt have taught that youth much that would be useful to him. A stethoscope is a capital instrument in the hands of a man who knows its use; but it has undoubtedly drawn attention away from what may be termed rational consideration of the chest, and a judicial handling of what the patient has to tell, which often furnishes a clew to the treatment; a matter on which sometimes the stethoscope is silent. It is not that physical examination is not a most valuable means of acquiring certain information; but that this other information is apt to be overlooked or under-estimated; and thus a good proportion betwixt the two means of examination is lacking.

A cough is a forced expiration to eject some offending materials from the air-tubes just as a sneeze clears the nares. But suppose the offending or irritant matter cannot be ejected, what, then, is the value of the cough? Nothing whatever. There is then much useless cough, as well as useful cough. Other matters than something in the air-tubes may set up a cough. Thus we find cough equally present when there is some phlegm in the air-tubes; when there is a mass of tubercle undergoing softening; and in the pulmonary congestion of mitral lesion. A crumb in the larynx will provoke violent cough; and so will other laryngeal irritation. All know the brazen, trumpet-like cough of aneurism of the aortic arch pressing upon the recurrent laryngeal nerve, a cough closely simulated in character at times by a neurosal cough. This last was so marked in two girls that their cough told when they were on the hospital premises. It is needless to say their departure was always expedited. Then, cough in the form of "hawking" is exceedingly common in pharyngeal disturbance.

There is, too, cough unconnected with the air-passages and the respiratory organs. There is the well-known cough of pregnancy, the "nine-months" cough." There is ear-cough said to be connected with the tympanic branch of the glosso-pharyngeal nerves, set up by irritation in the ear. There is the cough of gastric irritation, common with alcoholic indulgence. In one case, at least, known to me, diarrhoea always set up cough. Cough of the "hemming" character, often misinterpreted as the short cough of early phthisis, is found com-