

cough. Sometimes the trailing of an elongated uvule has the same effect.

When the cough is brought on by eating and drinking, the catarrhal state has probably extended to the upper part of the larynx, and the increased supply of fluid and nutritive material to the blood is attended by increased fulness of the vessels, and increased secretion from the catarrhal surface, thus giving rise to cough for its expulsion. Local treatment is of especial value in relieving these conditions. The mucous membrane should be cleansed of the more or less tenacious mucus adherent to it by alkaline sprays or gargles. Warm Ems and Barboule Water are both good for this purpose; or a warm spray of a solution of carbonate soda, 5 to 10 grains to the oz., to which a few grains of common salt and a few drops of glycerine are added may be advantageously used. These solutions may be applied by means of a hand spray or a Seigle's steam spray producer. The mucus membrane having been thus cleansed by these alkaline sprays, astringent applications will now take much greater effect on the dilated vessels, and gargles and sprays of solution of alum, or tannin, or perchloride of iron will be found useful. Or stronger solutions may be applied directly to the pharynx by means of brushes. The glycerine of tannin of the British Pharmacopœia is a good application in some cases.

In some instances gargles containing both alkaline and astringent ingredients prove very serviceable, and many patients prefer them to the trouble of spraying. A good gargle for this purpose consists of 1 drachm of chlorate of potash, 2 drachms of aromatic spirits of ammonia, and half an ounce of tincture of catechu to 8 ozs. of water. Another good form consists of half-an-ounce of glycerine of borax, 1 drachm of chlorate of potash, half-an-ounce of tincture of rhathany, and 8 ozs. of water.

If there is much laryngeal irritation an occasional lozenge of morphine and ipecacuanha will usually allay it. But in troublesome cases, you will find one of the most reliable resources for getting rid of the catarrh, and with it the teasing cough, is to brush the mucous membrane of the pharynx, the posterior surface of the soft palate and the upper part of the larynx, so far as it is readily accessible, with a solution of nitrate of silver, 10 grains to the ounce. I have found this expedient give speedy relief when other measures have failed.

Gargling the throat with ice-water before setting down to a meal, or before going to bed, will often in slight cases, prevent the attacks of cough of which I have spoken. In similar instances a gargle of port wine after a meal is both pleasant and serviceable.—*Medical Times*.

ON A NEW METHOD OF TREATING SPRAINS.

By THOMAS L. SHEARER, M.B., C.M., Edin., Baltimore, U. S.

Everyone who has sprains to treat in practice must have been at times annoyed by the slowness

of recovery of the injured part. This is not so important in hospital patients, many of whom, enjoying the life, diet, &c., of these institutions, do not object to prolonged treatment; but in the wealthier classes in private practice the surgeon must often hear complaints that the injury is so long in recovering. I have had a considerable number of sprained limbs to treat, and after employing the usual plans of treatment, was led to adopt a new agent—clay. The clay is simply that used for making bricks, free from gravel, dried, and finely pulverized in a mortar. The powdered clay is mixed with water so as to form a thick and moist consistence. This is spread on muslin to the depth of a quarter of an inch, and applied entirely around the part. Over this is applied a rubber roller bandage, just lightly enough to keep the dressing from shifting and to retain the moisture. At the end of twenty-four or thirty-six hours the dressing must be renewed. It may be well to relate a few cases by way of illustration.

Case 1.—Mr. T——, aged fifty-eight, was thrown from his carriage, and, in addition to other injuries, received a severe sprain of his ankle, completely in incapacitating him from motion of any kind. The part was hard, swollen, intensely painful, and throbbing. The dressing, as above described, was applied, and in twenty-four hours the pain was almost entirely gone, and the swelling to a great degree had subsided. The dressing was renewed daily, and in eight days the patient was going about tending to his business. The part was free from pain and natural in every respect.

Case 2.—Mr. McC——, aged sixty, slipped and sprained his ankle so severely as to confine him to bed. The treatment was the same as that employed in Case 1, and the patient was out and walking in the streets in ten days.

Case 3.—Mrs. A——, aged seventy-four, in stepping from her carriage missed her footing, and twisted her left knee violently. In a few hours the part was greatly swollen, hot, throbbing and painful; the least motion of the joint caused excruciating agony. Pressure over ligament was especially painful. Next day I saw the patient, and applied the clay dressing. The day after the patient was much easier, the swelling rapidly subsiding. The pain was almost nil, and the movement of the part was not followed by such distress. The lady was walking in her house in ten days after the injury.

Dr. Hewson, of Philadelphia, about ten years ago introduced earth as a means of treating fibroid tumors of the uterus, and also sprinkled burns with the dry earth, claiming that the tendency to deformity in the latter cases was lessened. However, I am not aware of sprains being previously dressed with clay, and it was thought as well to lay the efficacy of the method before the profession. A number of other cases could be cited, but they would simply be a repetition of those already mentioned. While speaking of clay, it would, perhaps