

very harrassing. Persons thus affected are often treated for bronchitis and take large quantities of expectorant and other cough medicine, the real seat of the diseases being over-looked. Examine the lungs and you will find them quite sound, the bronchi free from irritation, look into the fauces and they appear as I have described them. By the character and concomitants of the cough you may distinguish this affection: it is highly irritating, he coughs with all his might to dislodge something which irritates the fauces or larynx and upper part of the trachea. The sputum is very trifling a little saliva and mucus, (throat and nasal) in London often mixed with sooty matter, the quantity infinitely small compared with the vehemence of the cough. The cough is always excited and aggravated by exposure to air, it is often particularly troublesome when the patient first goes to bed either from change of temperature from warm to cold, or from the assumption of the horizontal position the uvula dropping upon the glottis.

Cases of this kind are most rife during the cold winter months and in the early spring when the cold north or east winds prevail.

With regard to our patient he was a hard working man with somewhat of the lithic acid diathesis. Three years ago he was in hospital with several hard tumors the size of marbles, whether they were syphilitic or not was very doubtful, but they disappeared very quickly under iodide of Potassium. Early this winter he got a cough from exposure to cold air on his return home after working hard all day in a close room.—The cough became irritative and obstinate, resisting the usual remedies. On examination there were no indications of bronchial irritation but the fauces presented the look already described.

I treated him with the local application of solution of nitrate of silver (3ss to ʒi) the plan of Dr. Green of New York. The sponge must be applied to the glottis, to do this requires a good deal of steadiness and expertness for as it passes in, it excites a great irritation and in the withdrawal, it is partly arrested by the muscles of the larynx by which we know it has not passed into the œsophagus. The application was continued for three weeks every morning either to the glottis or to the neighbouring mucous membrane and chiefly from this and partly from his avoiding exposure to the cold air, he then left the hospital very much relieved.

We have here a good example of that particular affection of the throat and mucus membrane of the larynx which is not benefited by the taking of any drug but which is almost always relieved by the local application of nitrate of silver, sulphate of copper, or even simple astringents.

This treatment has been long known to practical men in this country and was long ago practised by the late Mr. Vance of this city. Dr. H. Green passes the sponge into the glottis, but this procedure is not wholly devoid of danger and has no proportionate advantages, it is quite sufficient in most cases to pass it down to the glottis and swab well about its neighbourhood and sometimes you will thus do more good and cause less irritation.

For some years I have been in the habit of applying the solid nitrate of silver to the mucous membrane of the fauces, the velum, uvula, the pillars of the palate, and it may be brought very near the laryngeal membrane by sliding it some way down the posterior pillars. By this plan, results may be obtained quite as satisfactory as by pushing the probang