

fever with a dry tongue. 5. In certain nervous diseases, such as epilepsy and chorea, it is said to be very useful, but in epilepsy it is supplanted by bromide of potassium, and in chorea by arsenic. In certain forms of sciatica and crural or brachial neuralgia in the aged, twenty-minim doses thrice daily have a very good effect. In the nervous headaches of delicate females, and the headache which is induced by fatigue, it is a better stimulant even than strong tea, and without the effect which tea so often has of banishing sleep. 6. In all chronic discharges from mucous membranes, such as chronic and fetid bronchitis, it is very useful, and even is advantageous in gangrene of the lung in checking the fetor. Under this head some interesting cases were given of gangrene of lung depending on the presence of foreign bodies. —*British Medical Journal*.

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A SIMPLE DRESSING FOR FRACTURE OF THE CLAVICLE. Dr. L. A. Sayre, of New York, has finally reduced the treatment of this fracture to *two strips of adhesive plaster, without any axillary pad*, and as such he now gives it to the profession as the simplest and most efficacious plan yet devised.

His method of keeping the inner portion of the clavicle from riding over the outer portion is *by putting the clavicular portion of the pectoralis major muscle on the stretch*, and compelling it to *pull* the clavicle in place, and thus overcome the tendency of the clavicular portion of the sterno-clavido-mastoid to elevate it, which it will always do unless this precaution is taken. After drawing the arm backward and retaining it there by a strip of adhesive plaster, pass another piece of plaster from the *well shoulder* across the back, and by pressing the elbow well forward and inward, the first plaster around the middle of the arm is made to act as a *fulcrum*, and the shoulder is necessarily carried *upward, outward, and backward*, and the plaster, being carried over the elbow and fore-arm (which is flexed across the chest) to the opposite shoulder, the place of starting, and then secured by pins or stitches, permanently retains the parts in position.

Dr. Sayre formerly commenced the first plaster on the inner side of the biceps, but he found that that muscle would roll around and the plaster would lose its hold, requiring to be renewed occasionally, and as it completely encircled the arm for the purpose of a stronger attachment, it would arrest the circulation, and thus prove dangerous. He uses strong and good adhesive plaster (Maw's moleskin is the best) cut into two strips three to four inches wide (narrower for children.) By this plan of treatment the patient is only detained from his daily avocation a sufficient length of time to properly adjust the strips of adhesive plaster.

*In one instance a prominent lawyer of New York City slipped*