principal drink has been old ale, which he has not taken in inordinate quantity, and, although not intemperate, had evidently been taxing his energies too heavily. He soon became the subject of dyspepsia, and amongst its various Protean forms was a constant vomiting of food after every meal, which persisted, in spite of appropriate and well-selected remedies, for more than a month, and so distressing was the irritability of the stomach, that not the smallest quantity of food could be retained for more than half an hour at a time. In this state he was compelled to relinquish his calling as coachman, having become emaciated and debilitated, and was attended by his physician and myself. He had no pain or tenderness in any part of the abdomen; no morbid appearance of the tongue; no headache or any preternatural heat of skin. There was craving for food, but no pain after taking it. Bowels costive; urinary secretion scanty, but of normal character. The persevering use of medicine for nearly three weeks appearing to be of no avail, it was determined to abandon the use of drugs altogether, and the patient was directed to take *a teaspoonful of milk* every hour and nothing else. The first day's trial of this remedy was so gratifying, that the patient exclaimed, "I know it will cure me, as I feel so comfortable after each dose." And so it did; the vomiting immediately ceased, and did not return; he continued his milk in gradually-increased doses for more than a week, and then carefully resumed his usual diet. His recovery was rapid. So much for milk. Now for proteine.

John H——, aged five years, a scrofulous boy, born of scrofulous parents, has had enlarged cervical and inguinal glands since the period of dentition; has now numerous ulcers in various parts of his body and limbs; is pale and emaciated, with defective appetite; has been taking iron and other tonics, with and without iodine in combination, during the last six weeks, without any evident improvement. Ordered, three grains of proteine, to be taken three times a day, in sugar and water. After the first week the boy was decidedly better in his general health, looked more healthy, appetite improved considerably. In a month the mother remarked "she never saw such a change;" the boy was growing plump, many of the ulcers had healed, though a few fresh ones had appeared. The dose of proteine was increased to four grains three times a day, and the ulcers to be dressed with zinc ointment.

Third month.—All the ulcers have healed except four, and when a fresh one appears it is much smaller than usual. Increase the dose of proteine to five grains three times a day.

Fourth month.—Three or four recent small ulcers still open; the boy's health so much improved that his aunt, who had not seen him for six weeks, did not know him again, and his father observed that as the boy was so much better, it would be needless to incur any further expense, and requested the medicine might be discontinued. The proteine was consequently omitted for a fortnight, and the little patient's health was observed to decline. The parents therefore requested the medicine to be resumed, and his health rapidly improved again. The proteine was continued for about two months longer, in not more than five-grain doses, twice, and sometimes only once, a day, embracing altogether a period of somewhat more than six months, when my little patient was observed to be quite well.

It may be remarked that this solitary case proves nothing. I could produce others, but the following may suffice:—

Jane B——, aged two years, an emaciated, strumous child, with tumid abdomen and enlarged cervical glands, and numerous ill-conditioned ulcers on the loins, nates, thighs legs, and arms, has evinced symptoms of mesenteric disease ever since weaning, at nine months old; has been under the care of a surgeon for a month, and during that time has been gradually getting worse. Ordered zinc ointment, and occasionally a poultice of equal parts of linseed-meal and wheaten flour to be applied to the ulcerated parts; and to take, proteine, two grains, soda exsiccata, one grain, three times a day, in sugar and-water.

First week.—The skin has become cleaner and more healthy, and some of the ulcers have healed; several that are now open display in a very remarkable manner the appearance of softened tubercles; the child looks more lively: bowels regular; appetite better; takes beef-tea twice a day, and milk night and morning. To have mutton for dinner.

Second week.—Greatly improved in every respect; has begun to run about again, which she has been incapable of doing for the last six weeks; nearly all the ulcers have healed; abdomen smaller; has gained flesh; appetite excellent; bowels regular; sleeps well. Ordered the proteine to be continued in doses of three grains, soda exsiccata, one grain, twice a day. The mother did not bring her again, but I saw her on passing the house a month afterwards, running about in excellent health and spirits.

Surrey-place, Old Kent-road, Sept. 1853.

EPILEPSIA LARYNGEA TREATED BY TRACHEOTOMY.

By MARSHALL HALL, M.D., F.R.S. &c.

[The following forms the conclusion of Dr. Marshall Hall's article on "Tracheotomy in Epilepsia Laryngea," (see The Lancet, Sept. 10, p. 233.) It arrived too late for insertion in its proper place.]

The conclusions in my last communication are not very different from an early announcement made by me on the same question:—

I believe few will hesitate to perform the operation of tracheotomy, as the present remedy, when there is, from apoplectic or paralytic laryngismus, imminent danger to life. But the question remains—Are we justified in performing this operation in cases of epileptic and other convulsions, as a preventive of future evil? Are the somewhat remoter danger to mind, and limb, and life, and the hope that whilst the faculties are spared the patient may be rescued from the susceptibility to the attacks, the *dignus vindice nodus*, a sufficient motive for adopting this measure in its more continuous mode of a tube worn in the trachea? After having witnessed the dire circumstances and effects of the frightful maladies more than any man, of epilepsy especially, I unhesitatingly say, yes! I regard the melancholy condition of the patient in this herculean malady as justifying the heroic remedy. The case may be violent and frightful *in any degree*. In what precise case tracheotomy is justifiable I do not pretend to determine.

I do not think it easy to express an opinion more guardedly or more modestly. My critics have overlooked this paragraph, as they have all attention to special Diagnosis, and to the questions, whether the operation has always been efficiently performed, and the tracheal tube of sufficiently ample size, and maintained perfectly patent.

Medicine or Surgery, without the most accurate Diagnosis, and the most careful adaptation of the means of cure, is mere empiricism; and all criticism neglecting these is futile, unworthy of our profession, and discreditable to its author.

The whole question may be stated thus:—

1. If there be laryngismus and its effects, efficient tracheotomy will and must obviate them;

2. If the expected benefit do not follow the operation, there has been error in the Diagnosis, or the operation has not been efficiently performed.

OBSERVATIONS ON THE TREATMENT OF CHOLERA.

By AYNOTT J. J. CHITTY, Esq., M.R.C.S.E, L.S.A., &c.

Should you deem the enclosed observations on cholera sufficiently worthy of a place in the columns of your valuable periodical, I shall feel much gratified by their admission, as I believe some hints may be obtained from them, which, under judicious management, may be of service in the present threatening epidemic.

H.M.'s 37th Regiment, nearly 1100 strong, reached Ceylon in 1847, and was stationed at Colombo. In the months of July and August of that year, cholera broke out amongst them, and so severely, that from excessive diarrhœa to pure Asiatic cholera not more than about 150 men were exempt. I had the honour of attending these cases with their surgeon, Dr. A. Browne, and as it was found, on comparing the army statistical records in India, that there had not previously been so low a rate of mortality from a like visitation, which we attributed to our peculiar treatment of the disease, and that it was founded on physiological deductions, I trust I shall need no apology for giving my professional brethren some account of our *methodus medendi*. I would premise that I cannot speak just now with certainty of the ratio of recoveries to deaths, but I believe I am correct in stating, that they averaged about 1 death to $4\frac{3}{4}$ recoveries.

On post-mortem examination of the fatal cases, we were struck with the uniformly turgid, erected, and prominent condition of the villi of the intestinal canal, and of its glandular system generally, and there were frequent incipient ulcerations of Peyer's patches and the solitary glands, in cases, however, rapidly fatal. It appeared to us that we required some medicament that would exercise a powerful astringent effect on these villi, extended throughout their location. Strong decoction of catechu seemed to offer this provision, and on that our successful treatment mainly depended. Enemata to the amount of two washhand-basinfuls were administered continuously after a first or second trial with smaller quantities, until abdominal distension obliged

us to desist its injection, and in more than one instance was it in part evacuated by the mouth, proving that it had traversed the intestinal canal. Laudanum, turpentine, ether, ammonia, &c., were severally conjoined, according to the circumstances of each case, and the condition of the patient. The decoction was taken too by the mouth with laudanum; indeed, it was required that all soldiers affected with the least diarrhœa were to be brought to the hospital to be placed under surveillance, and to commence the catechu. Its value was so esteemed, that many of the officers, as well as men, would come daily to request the nauseous draught as a preventive of the epidemic. The various systems of treating cholera recommended by different authors had a fair trial at our hands,—salines, calomel, kreasote, cajeput, &c., (excepting the acid sulphuric oil, which did not at the time strike us as an appropriate remedy), but were all laid aside for catechu in the urgent stages of the disease. The action of sulphuric acid I believe is in the main similar to catechu, inasmuch as its chief property and value in cholera would depend on its astringent action in the capillaries; but to effect this it must enter the circulation, and whereas at this juncture digestion and absorption are almost effectually interrupted, the exosmotic principles being in the ascendant, it would seem to yield a precedency to the external topical astringent, catechu. I never saw calomel of the slightest benefit, nor can I imagine upon what deductions it is administered in the urgent stage of cholera with a hope of being useful.

The intense burning pain felt in the epigastrium and the vomiting I have observed are best relieved by spirits of turpentine applied as hot as can be borne to the stomach, and iced drinks, especially champagne, which, too, has the advantage of being a less powerful stimulant than brandy. The administration of stimulants in excess in this disease I have found fraught with danger; it excites or restores too rapidly the force of the circulation, and thus allows a continued or more copious exudation of the serum of the blood; it is invariably followed by increased vomiting or purging. The inhalation of ether was tried at Colombo at this period, to relieve the muscular spasm, with questionable success; but in some instances its administration was followed by a remarkable and happy restoration of cuticular warmth, increased force and fullness of the pulse, sleep, and convalescence. Chloroform was unknown to us, and our inhaling apparatus (a truly military one!) almost worthless, or I could have written more confidently of the value of the anæsthetic.

I would also beg to mention that in one instance I was permitted to inject the venous system with a warm alkaline solution, (sesquicarbonate of soda with warm water,) by means of an anatomical injecting syringe. It was effected through the external malleolar vein, in a soldier already *in articulo mortis*, the pulsations of whose heart were only discernible by the stethoscope. In a few seconds the pulse returned to the wrist, the respiration became accelerated, warmth was restored to the surface of the body, and animation became so far perfected that the soldier rose up in bed and spoke, but instantly an excessive vomit occurred, and he fell back and died. I was not allowed to repeat the experiment, but I have since thought that had the injection been adopted earlier in the period of his existence,—had it been done a little more slowly, cautiously, and not so excessively, (for I injected nearly a gallon,)—the result might have been successful, and a valuable lesson gained. I am, however, so impressed with the force of that experiment, that on convenient opportunity, and friends permitting, I would not, as a *dernier ressort*, hesitate to repeat it.

Should any of my professional brethren be induced to follow the line of practice which was adopted in Colombo in all or any of its details, may I beg them to give publicity to the results of their cases, and their opinions of the treatment recommended. It can only be from individual experience that we can hope to gather sufficient collective data upon which to found the best and most rational treatment of the fearful scourge of cholera.

Mere, Wilts, Sept. 1853.

Reviews and Notices of Books.

A Treatise on General Pathology. By Dr. J. Henlé, Professor of Anatomy and Physiology in Heidelberg. Translated from the German by Henry C. Preston, A.M., M.D. Large 8vo. pp. 391. Philadelphia. 1853.

It would form a by no means uninstructive task, for the student of medical science to travel over and carefully examine the whole history of pathological literature, testing its value at each successive epoch by the rules of inductive philosophy. In doing so, it would be found that the elucidation of those laws of health, degeneration, and disease, on which, as on an imperishable basis, the whole superstructure of scientific medicine should be reared, had, until late years, been almost lost sight of. Even in the present day it is remarkable that, notwithstanding the superfluity and redundance of medical writings, the literature of Great Britain can scarcely boast of possessing a standard treatise on pathology. We have, it is true, many highly valuable but incomplete works on the subject, a fact which the volumes of Hunter, Mayo, Hodgkin, Alison, Carswell, John Reid, Simon, and Paget sufficiently attest; while Dr. Craigie's "Elements" may perhaps be regarded as a complete, though certainly not a perfect work. It is indeed undeniable, that, as regards pathological knowledge, the Germans are far in advance of us, while for much of what we already know we are indebted to their indefatigable industry. Amongst the individuals to whom we owe the most, few probably deserve more honourable mention than the distinguished author of the work before us, Professor Henlé, whose first treatise on the subject—his "Pathologischen Untersuchungen," published at Berlin in 1840—gained for him a standing amongst the first medical philosophers of the day. In 1846, the first volume of his "Handbuch der Rationellen Pathologie" appeared, and having passed through two successive editions, has been followed by a second and third volume. It is a translation of the first volume which Mr. Preston has now presented to the medical world, and for which, had he taken a little more pains, we should have had to thank him. As it is, he has performed his task so loosely, and in some passages has so incorrectly expressed his author's meaning, that we feel rather the reverse of grateful, and are by no means disposed to admit as an apology for his errors, that the translation was only commenced about a year since for his own personal amusement: under such circumstances, Mr. Preston would have done wisely had he kept the result of his recreation in manuscript.

Professor Henlé divides rational pathology into two parts: a general and a special part. The present volume is devoted to a brief history of the different medical systems from the days of Pythagoras to the end of the last century; and to the first or general part of pathology, which is discussed in four sections, as follows:—

1. An inquiry into the idea and nature of disease.
2. The doctrine of the causes of disease in general, or general ætiology.
3 The local relations of disease; the conditions of its propagation in the organism; the manner of its transition from one organ to another.
4. The relations of disease in regard to time, or the general history of disease, its course, duration, and termination.

From this synopsis our readers will perceive the scope and extent of the treatise which Mr. Preston has translated, and which, had this gentleman effectively performed his task, would have proved a very valuable contribution to our medical libraries. As it is, we can only recommend such as are able to peruse Dr. Henlé's book in the language in which he has written it.

Extraordinary Charge. — On Monday, Henry Hamilton, alias Scott, aged 40, residing at 3, King William-street, Charing-cross, who described himself as a surgeon, but whose name does not appear in "The British Medical Directory," was charged at Bow-street, before Mr. Hall, by Elizabeth Browne, aged twenty-two, with an attempt to procure abortion, and having committed rape upon her person. It appeared that an advertisement from Hamilton induced the girl to call at his residence, where, against her will, he committed the alleged offences; after which he demanded 10s., but only obtained 6s. from her. In answer to a question from the magistrate, the prisoner said that he had an Irish diploma. The evidence against him, although in some points strong, was in other respects very questionable. He was, however, committed for trial, with liberty to put in bail.