SCALD OF THE GLOTTIS.

LARGE DOSES OF CALOMEL.
BRONCHOTOMY.*To the Editor of THE LANCET.*

SIR: Enclosed is a case of Scalded Glottis successfully treated on Dr. Wallace's plan. Had I not read that gentleman's lecture in *THE LANCET* of the 19th ult., I should not have given the calomel to the extent required, or, very probably, not at all. This shows what benefit is derived from the publication of lectures. The knowledge of eminent men, or of a successful remedy, is, through the medium of *THE LANCET*, put instantly into the hands of every medical man in the kingdom, and spread over the world, in an infinitely shorter period than it could be through any other source. I have to thank Dr. Wallace and *THE LANCET* for putting it in my power to rescue the poor little fellow from inevitable death. I am, Sir, your obedient servant,

M. G. SMYTH, M. D.

Vauxhall Walk, April 4, 1836.

CASE.—Thomas, aged three years, son of Mr. Guisford, of No. 6, Anderson's Walk, Lambeth, at four o'clock in the afternoon of the 31st March last, applied his mouth to the spout of a tea-kettle in which the water was boiling, and drank a portion. I was informed of the accident at eight o'clock in the evening, but did not see him until eleven. His face was then very pale, and expressive of great anxiety; his respiration was hurried and loud, the lips and chin were scalded, the tongue, palate, and gums, white and wrinkled. He would not let me see farther into his mouth. He had not taken the calomel ordered. I now directed four grains of calomel every half hour, and crowded leeches under the chin. I saw him two hours afterwards, he was then fearfully worse, breathing so loud as to be heard distinctly more than twenty yards from the door of the house, sonorous and harsh, with little apparent cessation; his lips were open, the chest and throat heaving violently, eyes fixed and starting; he was gasping in the agony of strangulation. Being resolved to try Dr. Wallace's treatment, and being now able to remain with the child, I did not resort to bronchotomy, although so strongly indicated. I had him held upright in the easiest position to breathe, and continued the calomel as above, promoting the bleeding from the leechbites by a poultice. Nausea and sickness followed the calomel doses, which relieved him, and at four o'clock he was so much better that I quitted, ordering a blister, and three grains of calomel at intervals of an hour.

On the early part of the 1st April, the re-

spiration was much improved; he had had two motions, coloured like boiled spinage, but the cerebral functions seemed alarmed. The eye was heavy, the pupil dilated, and there was much stupor and drowsiness. I ordered leeches and cold applications to the head, and continued the calomel, and, to assist it, I ordered mercurial friction to the thighs. At four o'clock p. m., exactly twenty-four hours after the accident, I was sent for, and found him stretched out and stiff, arms reaching backwards, and the hands twisted backwards and clenched convulsively; the respiration rattling, the chest and throat heaving, the pulse fluttering, the pupils dilated, contracting neither to light nor touch. He was insensible to sound or feeling. I immediately performed bronchotomy; he breathed freely by the wound, and in a few minutes revived so far as to make a sign for drink, which he took greedily, it got into the larynx, and was coughed through the wound and nostrils. He now for the first time since I saw him endeavoured to speak. On the 2nd he was much better. There was mercurial fetor. In the evening the bad symptoms were all gone, I closed the wound, and discontinued the medicine.

On the 3rd (yesterday) the respiration again became hurried and harsh, with some return of stupor; the calomel and mercurial friction were renewed, and in the evening he was well. To-day he is out, his voice is husky. When he drinks, a portion gets into the larynx, and excites a cough, which is painful; otherwise there is no complaint.

Observations. This was a very severe case, and without calomel the other means of cure would have been ineffectual. The rapid approach of danger will render the operation necessary long before mercurial action can be established; or if calomel is to be tried, I would advise the surgeon to sit by his patient, knife in hand. Bronchotomy, besides giving time, assists the cure by relieving the injured parts from their violent action. I do not think it necessary to snip a piece out of the trachea. That tube is in violent action at the time, and it is not easy to draw it forward, and use scissors, in a plump child. I made a perpendicular slit, which answered well. The relief from the first doses of calomel was caused by the nausea, and I think antimonials would be of service; leeches and blistering will be of service, and mercurial friction will facilitate the action of the calomel.