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 diarrhoea 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 washbasinfuls were administered continuously after a first or second trial with smaller quantities, until abdominal distension obliged