3rd.—Deglutition is being rapidly re-established; had swallowed several bits of meat in his broth, and some cake also. A part of the alveolar process came away this morning.

4th.—Nine A.M.: We found our patient taking a full meal of bread-and-milk. He is in good spirits, and apparently recovering rapidly.

6th.—The elastic-gum catheter, which had, the last day or two, been used for the porter only, was entirely relinquished, and our patient very willingly left to his own resources.

Remarks.—Through the kindness of Thomas Holmes, Esq., of this town, to whose premises the hide had been removed, I was favoured with a portion of the animal's horn. The ox was of the 'long-horned' breed. The circumference of the horn, taking four inches from the tip, is three inches one-eighth. Allowing, therefore, for the pressure of the soft parts inwards, during the entrance of the horn, and giving four inches as the curvilinear length of its entire course, we have, during perforation, a rent in the larynx (exclusive of the extension by suspension) of about an inch and a quarter, and in the œsophagus of at least one inch in diameter.

The cases on record of complicated injuries of the larynx and œsophagus have, I believe, under careful management, generally done well. I allude, of course, principally to punctured and incised wounds, where the soft parts have not suffered materially by contusion. I am not aware that the above case presents any feature peculiarly novel; the early application of leeches and cataplasmata was calculated to counteract excessive inflammatory action, and thereby regulate the process of reparation. The entire exclusion of both solid and fluid nutriment from the stomach, for the space of twenty-seven* hours, was beneficial, inasmuch as it preserved the injured parts in a state of quietude, and prevented any mischief which the act of vomiting might have induced. The increase of the dyspnœa, consequent upon an accumulation of muco-purulent fluid, clearly indicates the necessity of preventing a too-early closure of the external wound. As a general rule, therefore, we may infer, that in similar instances of laryngo-œsophageal injuries, it is advisable to maintain the external opening, not merely until deglutition is perfectly restored, but until all muco-purulent secretion has entirely ceased to escape.

A——, who resides at Patrington, in Holderness, called at my house, five months after the accident. He was looking hale and well, his deglutition was perfect, and his voice entirely restored; and the only perceptible vestige of the injury he sustained, was a small cicatrix in the site of the external wound.

Kingston-upon-Hull, October, 1848.

REPORT OF A

CASE OF CHOLERA TREATED SUCCESSFULLY BY RECTIFIED OIL OF TURPENTINE, ADMINISTERED INTERNALLY AS A SPECIFIC.

By RICHARD BROWN, Esq., Surgeon, Cobham, Surrey.

October 26th.—A. E——, aged fourteen, having suffered from severe bowel complaint, presented all the symptoms of cholera in the stage of collapse. The bowels acted incessantly, and anything taken into the stomach was immediately rejected; the pain around the umbilicus was intense, attended with severe cramps of the legs; the pulse exceedingly small and scarcely perceptible; tongue coated in the centre, and flabby; the surface of the body much below the natural standard; the countenance of a blue cast, and expressive of the greatest anxiety; so decided, indeed, was the symptom, that I considered the case almost without hope. But I had determined to treat the first case of cholera that occurred in my practice with rectified oil of turpentine, given internally, the active principle of which — camphogen — possesses stimulating, diuretic, diaphoretic, sedative, antispasmodic, anti-putrescent properties. I administered immediately one drachm of it, combined with mucilage and aromatics, directing it to be repeated every two hours, and ordered the patient to be kept warm, and to take meal broth, with an excess of salt. A teaspoonful of brandy, or more, would be a good adjunct to each dose of the medicine, should it produce nausea or vomiting.

In the evening of the same day I found all the symptoms mitigated; the purging and vomiting had ceased, the pulse was raised, the surface of the body warm and perspiring, the pain around the umbilicus diminished, and the cramps were less violent, but the countenance still bore the appearance of great anxiety. The turpentine mixture to be continued every four hours.

27th.—Continues to improve; much of the anxiety of countenance had vanished, but the pain in the belly and cramps of the legs still remain, although much relieved. I desired the mixture to be taken at intervals of six hours, and ordered two grains of calomel, as the bowels had not acted.

28th.—Much better; no pain in the belly nor cramps in the legs, and does not feel sick from the turpentine, which can be easily detected in the urine, in the evacuation, which is semi-fluid, and in the skin also. The patient says she smells of turpentine. Discontinued the medicine.

28th.—The patient is up, and although exceedingly weak, there is no trace of any alarming symptom remaining. The bowels have acted, and the evacuation is more healthy. A mild tonic and alterative plan of treatment was all that was necessary to restore the patient to her usual health, and she is now well.

In some observations on this case, Mr. Brown remarks—Turpentine hitherto has been employed as an auxiliary, applied externally to the abdomen, and occasionally administered as an enema, or by the mouth; but I have not observed one instance in which this remedy has been resorted to alone, and in the light of a specific in the treatment of cholera. It was with this view, however, I prescribed it, and in sufficient quantity to insure its full effect, and the result is such as to urge me to recommend a fair trial of it, as the sheet-anchor; for its power of arresting the morbid changes of the blood in this disease is without doubt in my mind.

Cobham, Surrey, Nov. 1848.

* Altogether he passed thirty-nine hours without solid or fluid aliment, as he had taken no food since nine the preceding evening, (Saturday.)

THE INSTRUMENT FOR TRACHEOTOMY.

By MARSHALL HALL, M.D., &c.

Every recollection I have of tracheotomy convinces me that it is far more advisable to remove a circular portion of the trachea, and to secure the integuments and muscles from passing over the orifice made, than to use a tube.

In one case, after the use of the tube for a few days, with much inflammation and irritation, it was removed entirely, and the patient breathed freely several weeks through the orifice only.

In another case, the tube excited so much inflammation as, I believe, to prove fatal.

I would therefore propose the rejection of the silver tube. This may be still more necessary in tetanus or hydrophobia, should the operation ever be performed in these cases, than in any other, on account of the augmented irritability of the spinal system.

Reduced to this simplicity, therefore, all that is required is an instrument for removing a circular portion of the trachea. A steel tube with an extremely sharp edge at the lower part, to which a piston is accurately fitted, is all that is required. All hæmorrhage having ceased, this tube must be accurately applied to the trachea, and with a little force, and the piston is to be drawn smartly upwards. The portion of the trachea is drawn into the tube with a slight report.

It must be admitted, however, that such an instrument would require to be in excellent order, and to be used with a skilful hand. The profession are therefore indebted to Mr. Weiss, who kindly volunteered his aid in carrying out my suggestion, for proposing a material improvement in my instrument.

It may be known that a steel tube, with a lower cutting edge, through which a small screw, in the form of a cork-screw, is made to pass, is employed for removing a minute portion of the tympanum in certain cases of deafness. Mr. Weiss proposed to use a little cork-screw of this kind instead of the piston, in the instrument for tracheotomy, and such an instrument is now before me.

The portion of trachea is seized by the screw, and the steel tube descends with a rotatory motion, and removes the portion of trachea with the utmost facility and certainty.

A still more simple instrument could be constructed, by substituting a small *tenaculum* for the cork-screw. Indeed, with the aid of a small tenaculum, the skilful surgeon would readily remove a circular or oval portion of the trachea, by means of a couching-needle or a very small scalpel; or such an instrument might be made to revolve round a fixed point. Thus, then, the profession is provided with a ready mode of performing tracheotomy.

Besides the case of laryngitis, of tetanus, or of hydrophobia,