

hand, knowing such dangerous cases frequently recover without the operation, how are we to decide upon such a momentous question as the exact time the operation should take place? It must be left to the surgeon, whose knowledge of the powers of vitality in disease and health must decide the point.

CASE. Mr. D., a respectable tradesman residing in the Edgware Road, aged 30 years, of fair complexion and sandy hair, easily susceptible of sore throat when exposed to damp, about four months since, from such exposure, suffered from a slight attack in the throat, but did not take much notice of it until August 12th, when he came under my care, and gradually improved for three days; but on the night of August 15th, I received a pressing message to attend him immediately, as he was "dying". On entering the room, I found him breathing laboriously and stertorously, and every inspiration requiring the most violent efforts. The pupils were contracted and turned up, the countenance livid and death-like, the pulse 150 and small, but the heart sounds natural; he was perfectly unconscious, and the thoracic walls were deficient in that natural swell induced by filling the lungs with air, and a total want of respiratory murmur; in fact, he was *in articulo mortis* from asphyxia.

Dr. Timms, who had been sent for before my arrival, concurred with me that there was no other hope for him but tracheotomy; which I forthwith performed, by making an incision an inch in length below the cricoid cartilage in the median line, exposing the trachea, and dragging it forward with a strong pair of forceps, and with a pair of scissors snipping out three or four pieces of cartilage from the third and fourth rings, and making an opening sufficiently large to insert the tip of my little finger; I then introduced a thick goose-quill I procured in the house, which was retained there by my assistant until I procured a proper double telescope tracheotomy tube. The patient's breathing gradually became more tranquil, and he was conscious for the first time, three hours after the operation. We had to contend for a few days with a sharp attack of bronchitis, which yielded to the ordinary remedies. At the end of a week, the tube was removed, and the wound healed by granulations; and by the third week it had quite closed, without a particle of air escaping; and he is now about his ordinary work, quite restored.

REMARKS. I do not remember ever having seen a case of quinsy thus treated in practice or on record. The inner tube was taken out two or three times a day, to be cleaned of mucus, etc., whilst the outer one remained in, and a piece of muslin doubled three or four times was placed over the tube on the throat, so as to prevent any foreign particles in the air being inhaled into the lungs. The temperature of the room was kept at 68, night and day; and at the end of a week, when the tube was removed, the cyananche had quite subsided, and the throat had regained its natural state, when he could breathe and swallow naturally. The wound was then daily strapped up, and the edges drawn in close contact.

I may mention here, that just about that time there appeared in this neighbourhood quite a quinsy epidemic, having had at the same time twelve or thirteen cases in my own practice.

November 1855.

ON HEADACHE.

By F. J. PRIOR, Esq., Tewkesbury.

I HAVE read with much interest Dr. Sieveking's communications on the subject of headache. Having met recently with several curious cases, I beg to contribute two, which much interested me.

CASE I. H. S., aged 30 years, a pale weakly rather diminutive stocking-maker, has suffered for nine years from occasional headache, confined to the right side of the forehead, over a space about equal to that half of the os frontis. It has come on two or three times in a month, and has

always been worst in the day, and better at night. After trying numerous remedies, the only thing found beneficial has been one or two full doses of calomel. Recently, the head became worse; and one month since, I was, at 9 P.M., called to him, and found him in a state of furious delirium, held down with difficulty by several men. On inquiry, I found that the headache had been bad for two days, and had become aggravated since the morning. To deplete a weakly anæmiated looking subject, seemed unsatisfactory; but reasoning that congestion must exist, and must at any hazard be relieved, I opened the temporal artery. Many ounces had not flowed before he became quieter, and within ten minutes was able to speak, and say his head was better. I then ordered him a powder of pulv. Doveri gr. v, quinae disulph. gr. ij, and kept a steady stream of cold water on his head during the periods of excitement. During the night he required watching, but had only slight attacks of unconsciousness and excitement. Seeing in the morning that, whatever the *rationale* might be, the treatment proved beneficial, I continued the use of quinine and Dover's powder, and ordered him some support in the shape of eggs and good beer. He became better from day to day, though for some days his manner was slow and hesitating. The same treatment has been persevered in: beer and a nutritious diet, with quinine and iron, and at night Dover's powder. He is now at work in his stocking-frame, and, though occasionally complaining, says his head is better than it has been for some years.

Supposing this to be a case of local congestion, it ultimately closely simulated inflammation. The treatment adopted was based on what I am glad to perceive is the prevailing impression in the present day—that local inflammations and congestions, especially if occurring among children, or in the lower classes of society, are best treated on a tonic and stimulant plan.

CASE II. W. R., a moderately strong looking healthy agricultural labourer, aged 32 years, residing in a locality where at intervals of years I have seen cases of ague, has been suffering occasionally for the last two months from intolerable headache, confined to the forehead and top of the head. It came on with no concomitant symptoms. Bowels regular; tongue clean; pulse quiet and feeble. The pain would come on almost suddenly, at no fixed periods of either day or night. So severe was it, that, in doubt as to its nature, I applied blisters behind the ear; but, judging from the pulse, etc., that the nature of the attack was essentially aguish, I put him on full doses of quinine and pulv. Doveri. After a full dose at night, he was always better in the morning, and in the intervals seemed quite well, though weak. Fourteen days after the first seizure, a regular fit of ague occurred, which satisfied me that the treatment was in the right direction.

The headaches have recurred at various intervals, but are becoming less severe, while at intervals of nine days he has had now four fits of ague, the last only three days since. As he is generally improving and gaining strength, and as the last fit was but slight, I shall be disappointed if he is not soon convalescent.

The severity of the headache, and the curious interval observed by the ague, have induced me to report the case, to which a practice in ague districts probably offers many parallels. I have lately seen two or three, in some respects allied, which I have treated on the same general principles.

CASE OF INVERSION OF THE UTERUS.

By CROSBY LEONARD, Esq., Honorary Surgeon
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the Lying-in Institution.

THE subject of this case was a lady, aged 34 years, a stout healthy person, who had previously had one child, still-born, after a tedious labour, from absence of pains, requiring the application of the forceps.

April 25th, 1855. For the last two days there has been