approach in character those motions usually observed in those cases where consecutive fever is about to follow. We have, unfortunately, however, here also to regret that a chemical examination was not made.

While it is probable, therefore, that the vomited matters and alvine evacuations were choleraic in character, we cannot say so positively. There is also a similar doubt in reference to the urinary secretion,—though even here, supposing it was not suppressed, this does not necessarily prove that the case was not one of Asiatic cholera. It is a remark of Dr. Parkes, that this symptom is not always present in cases of Asiatic cholera. In those cases where watery purging had lasted two, three, or even four days before the period of admission, though algid symptoms were present, micturition had not unusually continued up to the period of admission in the hospital, or death; and he instances seven cases of the kind, and speaks generally of other cases. Now R— had been ill several days.

The cramps were restricted, in this case, to the upper extremities, and insignificant in character. They are not always present in cases of Asiatic cholera. Thus Dr. Parkes instances four exceptions in fifty cases—a proportion of eight per cent.

Admitting, therefore, that there were some doubtful symptoms, I think the weight of evidence was such as to justify the most unfavourable supposition, especially as at that time cholera was raging in London. I may add that both Messrs. Greenhalgh and Walton, who saw the case at different stages of the disease, agreed in this supposition.

Causes.—The *predisposing* were evident: his own weak and shattered state of health, the diarrhoea, and the peculiarly damp and unhealthy situation in which he lived. The *exciting*, most probably and exclusively, the epidemic influence under which the city was labouring. The kidneys, however, presented appearances which might have been due to chronic nephritis, and might have led to the retention of urine in the system, to rid itself of which the violent diarrhoea might have been induced; but there were certainly no symptoms of Bright's disease observed during life. There was no opportunity afforded to examine the urine then; and such an examination, twenty-four hours after death, would have been open to a source of fallacy, and thus afforded no certain indication.

In regard to the treatment. The usual remedies for diarrhoea were successfully employed at first; and it was only when the doubtful symptoms presented themselves that it was thought proper to have recourse to more energetic measures. The chloroform was given, as I had seen it employed with the best advantage in a case of Asiatic cholera in University College, the particulars of which are already published; the creosote, to allay the sickness; and the other ingredients, as constipative agents. The effect of these remedies was certainly marked, and the patient rallied wonderfully under their influence. It is interesting here to remark, that if the account of those around him were correct, he must have taken, in the space of about sixteen hours, something like two ounces and a half of laudanum and one drachm of chloroform, without any inconvenience. Unfortunately, this remedy was given less frequently the next day, and another substituted. This was done because all the active symptoms had disappeared, and it was not thought prudent to continue such active treatment. From this time, however, he relapsed into a state more alarming even than on the 25th. In the state of collapse which succeeded, I thought it right to give him the chance of an experiment. I was not then aware it had been previously tried by Dieffenbach. That saline injections had been used, and subsequently abandoned, by the profession, I well knew; and it occurred to me that the substitution of good and healthy blood might be attended with more permanent benefit. In this view of the case Mr. Walton fully concurred, and the operation of transfusion was consequently performed.

The subsequent result, I think, proves well as to its use; for though the patient eventually died, the signs of improvement were well marked, and death can be explained on another supposition, and thus the prospect of success by transfusion in cholera is good.

1st. The rally was complete; he was enabled immediately to get up and go to stool.

2ndly. Though immediately afterwards vomiting took place, yet subsequently the vomited and faecal matters became distinctly bilious, effects which, in a case of cholera, are highly favourable.

3rdly. It is also interesting to note, that though he sank again subsequently, this effect was much less readily produced than in ordinary cases, where injection of saline substances in the blood has been practised.

4thly. The vomiting and purging did not return to any degree.

These effects can scarcely be attributed to any remedies subsequently employed. His aversion to these, after the transfusion had been practised, has already been remarked, and, it is possible, contributed to the fatal termination.

The post-mortem appearances have also their interest.

1st. The disease observed in the cranium, and perhaps in the kidney, may in some degree explain why the low fever which supervened should have proved fatal, and the inefficacy of transfusion in bringing about a cure.

2ndly. The intestines contained a yellowish bilious fluid; the secretion of bile had thus been resumed. We cannot say positively, upon the evidence of one case, that it was the effect of the transfusion. We can only insist on the coincidence.

3rdly. Peyer's glands were not enlarged. This, however, is not an unusual result in consecutive fever after cholera. I find that Dr. Parkes, in two out of four fatal cases from consecutive fever after cholera, in which an autopsy was performed, observed the same fact. The yellowish fluid was present in all four.

Dorset-square, July, 1849.

CASES OF

ACUTE INFLAMMATION OF THE UVULA,

WITH REMARKS.

By J. VACY LYLE, Esq., Surgeon, Launceston.

CASE 1.—A. B—, a gentleman, aged thirty-seven, of intemperate habits, with a tall and robust figure, light hair and complexion, being subject to indigestion, and having formerly had colic and gout; after performing two journeys of twenty-six miles each, by night, and over a very exposed country, was attacked on the following morning by an affection of the throat, impeding breathing.

On my seeing the patient, I found him flushed and anxious; the pulse ninety and full: he complained of a sense of constriction about the fauces, and of frequent suffocative fits, accompanied with urging. On examination, I found the uvula swollen, injected, and lengthened, being more than double its usual size; its free extremity was bulbous and semi-transparent, and from its length, whilst resting on the tongue, it was doubled on itself.

Treatment.—A strong cayenne gargle producing no effect in alleviating the symptoms, I cut into the uvula with a pair of scissors; the relief was almost instantaneous; every urgent symptom vanished, and excepting a slight sore throat, the patient in half an hour was well.

CASE 2.—Y. Z—, a farm labourer, aged nineteen, of temperate habits, middle stature, fair, plump, and florid; usually residing in a village, situated in a depression on the south-eastern slope of elevated land: the village dirty, and the surrounding country a clay soil, always wet from insufficient drainage.

After exposure to wet and cold, Y. Z., on the 23rd of January, first remarked a slight sore throat, which continued for only a few hours, and disappeared, leaving a hoarseness of the voice. During Friday, the 27th, he was engaged in thrashing corn, and being warm and thirsty, he drank a pint of cider, which was almost immediately followed by a sensation of soreness in the throat: five hours afterwards a tickling sensation occurred there, which was, for a time, relieved by coughing. On examination, the patient states, that a body was observed resting upon the tongue, about the size and colour of a cherry, and having an attachment to the roof of the mouth. Severe suffocative fits now occurred, but were relieved by the action of swallowing, by coughing, and by urging: this continued for about ninety minutes, during which time the patient walked a distance of four miles. Shortly before the termination of the walk, he states, that there was observed resting on the back part of the tongue, a body considerably larger than a cherry, and having the appearance of a bladder filled with clear water. About ninety minutes after the first appearance of tickling in the throat, all sense of suffocation suddenly and perfectly ceased during an attack of urging: shortly afterwards I saw him, and found him apparently well: on examining the throat, I observed the uvula much smaller than usual, redder than the surrounding parts, ecchymosed, and having attached to its free extremity a loose membrane of a dirty white colour: there was no injection of the fauces or tonsils; the tongue was slightly coated; and, on inquiry, I found the bowels had not acted for forty-eight hours; the pulse was eighty, soft and compressible; the temperature of the body natural; respiration free, and no headach.

Remarks.—In the seventh volume of the *Transactions* of the Provincial Medical and Surgical Association is a paper by Mr. E. Thompson, on “a peculiar affection of the uvula,” which he defines as “an elongation of the mucous coat of the uvula by the gradual effusion of lymph, to such an extent as to endanger life, by its being inspired into the glottis, and putting an immediate stop to respiration.” The result, in the second case I have detailed, proves that this supposition is groundless: the irritation caused about the glottis by the elongated uvula would lead to a similar result in all cases so far advanced, and in the early stage of the disease certainly no such fatal occurrence can be looked for. In the recent paper on this affection, read before the Medical Society of London by Dr. Golding Bird, the disease is termed œdema of the uvula; but I would suggest that acute inflammation of the uvula is a better name; for it appears to me that this œdema of the uvula is but an effect of inflammation; the effusion of serum into the lax cellular tissue of the uvula, and which naturally gravitates to its lower extremity, giving first the appearance described in the case of A. B., and afterwards, as in that of Y. Z. The treatment I adopted in my case was, not to remove any part of the uvula, but to make a vertical incision into it to give free exit to the serum, an operation so simple and so effectual that I think it should be preferred to the application of the nitrate of silver or astringent gargles—remedies better adapted for a chronic variety of the same disease.

Launceston, 1849.

Reviews.

On Infantile Laryngismus; with Observations on Artificial Feeding, as a frequent cause of this and other Convulsive Diseases of Infancy. By JAMES REID, M.D. London: Churchill. pp. 204.

THE germ of this useful practical work was a Paper read by the author before the Westminster Medical Society, April, 1847, and subsequently published in *THE LANCET*. Dr. Reid aims at giving an account of the various theories of this disorder, and of the numerous remedial measures which have been proposed from time to time; and these he endeavours to test by his own observation and practical experience. There is scarcely any disease which can be named, for a knowledge of which we are under equally great obligations for the discovery of the reflex function. The evidence is now equal to a positive demonstration, that the laryngismus of infants is a purely excito-motor disease. It is upon this view that the subject is treated by Dr. Reid; and though he had evidently not had the benefit of studying the recent admirable papers of Dr. M. Hall on this subject, when his work was prepared, it is still a valuable contribution to reflex pathology. As regards treatment, there are two important points ably insisted on by Dr. Reid—namely, change of air and a good supply of breast-milk.

It is evident the disease is limited to no particular locality, though we believe it to be more prevalent in towns than in country districts, and in damp rather than in dry situations. Still, whatever the locality in which a child may be attacked with laryngismus, a change of air is of great consequence, often arresting the disorder in a most remarkable manner. Where change of air is impossible, the child should be as much as possible in the *open air*, due reference being had to season and temperature.

A good supply of breast-milk is the second desideratum. Dr. Reid shows that irritation of the pneumogastric, from over feeding, and the erethismus of the nervous system produced in children brought up by hand, are most important elements in the production of the disease. As a cure of the malady, the return to breast-milk, in hand-fed infants, is of commensurate benefit. Some highly interesting statistics of mortality in infants are given, in which the frightful mortality amongst the hand-fed portion is strikingly apparent. It is evident that the chances of living over the first year are immensely diminished in children deprived of breast-milk; while even those who pass this time stand little chance of arriving at manhood or womanhood.

Besides these two important matters, air and nursing, dentition is a subject of the utmost consequence in the consideration of the causes of laryngismus. Indeed, we think Dr. Reid has rather over-rated the importance of irritation of the pneumogastric nerve, and underrated that of the trifacial nerve, as causes of the laryngeal spasm. After the commencement of dentition there are very few cases of laryngismus in which dental irritation of the trifacial is not an element of the first consequence. Still, our opinion is, we repeat, that Dr. Reid has produced, on the whole, a sound and practical treatise on the disease of which he treats.

Surgical Anatomy. By JOSEPH MACLISE, Surgeon. Fasciculi II. & III. London: Churchill.

PARTS II. & III. of Mr. MacLise's work deserve an equal share of praise with that which *THE LANCET* gave to No. I. These parts contain the relative anatomy of the organs contained in the important surgical regions of the neck, the axilla, the arm and hand, also of the nasal, oral, and pharyngeal cavities; whilst two plates exhibit the anatomical relations, both deep and superficial, of the thoracic and abdominal viscera. The dissections from which these various illustrations are taken appear to have been made with remarkable success, and they are most beautifully represented. The surgical commentary is pointed and practical. The language of the author is sometimes rather peculiar, partaking of that character which more appropriately belongs to those studies in which Mr. MacLise has been also engaged—viz., transcendental anatomy. The tinge, however, of this peculiarity which the present fasciculi contain, is somewhat of a relief to those accustomed to wade through the dry and dusty details of descriptive and surgical anatomy; and with this feeling we are disposed rather to commend than censure it. A word must be said on the figures illustrating the anatomy of the organs contained in the chest and abdomen. To the physician who seeks by the aid of the appliances used in physical diagnosis to determine the seat and nature of disease, the knowledge which they are calculated to convey is of the greatest importance. It is a kind of knowledge which is badly taught in dissecting-rooms, but which may be well acquired in all so-called post-mortem houses. To our readers interested in the subjects comprised in this notice, we cannot offer better advice than to examine Mr. MacLise's work, and to judge for themselves how far it may be useful to them. We know of no work on surgical anatomy which can compete with it.

Physiological, Anatomical, and Pathological Researches. By JOHN REID, M.D., Chandos Professor of Anatomy and Medicine in the University of St. Andrews, &c. 1848. Edinburgh: Sutherland and Knox. 8vo, pp. 659.

THE example set by some of the brilliant essay writers in the *Edinburgh Review*, of collecting their scattered communications, and presenting them together to their readers, has been well followed by the distinguished writer named above. We have here some eight-and-twenty essays, published in different journals, with two exceptions, during the last thirteen years. They treat of a great variety of subjects, comprising, as set forth in the title, anatomy, physiology, and pathology. Every essay deserves its place. We had read most of them previously; we have gone through them again with pleasure and profitable instruction. Dr. Reid has here erected a monument of zealous industry, and great and varied abilities, and which will be appealed to as an authority by the profession.

OBITUARY.—Died lately, at Chertsey, Sir John Chapman, F.R.C.S., late of Windsor, aged seventy-six, a most estimable and upright man, and an able practitioner. He contributed to the ninth volume of the *Medico-Chirurgical Transactions*, “A Curious Case of Expulsion of a Blighted Fœtus and Placenta at Seven Months, a Living Child still Remaining to the Full Period of Utero-gestation,” with occasional papers to the medical journals.