

various portions of the uvea is a predominating and determining factor in the limitations and complications of an inflammation affecting the uveal tract. The complexity of the blood supply to the choroid, ciliary body and iris makes it all the more difficult to apply general statements to this etiologic factor in inflammatory processes. However, regarding the blood current as a conveying medium in inflammation of the uvea, I think that the course and the clinical phenomena are all the more easily interpreted by directing our attention to the blood supply of the respective parts.

An area of inflammation may be limited or confined to the part in which it originates. This is rendered more probable in proportion as the blood supply is less complicated with other portions. It may also be extended to all portions of the uvea, in which case the inflammatory process will be largely influenced in the directions, relations and in conformity with its vascular connections.

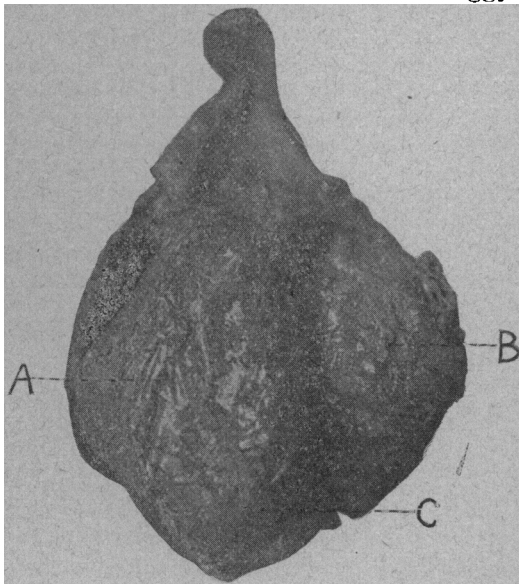
A very close sympathy must always exist among the component parts of the uvea in pathologic changes of any portion of its anatomy.

### A CASE OF ANEURYSM OF THE LEFT VENTRICLE.

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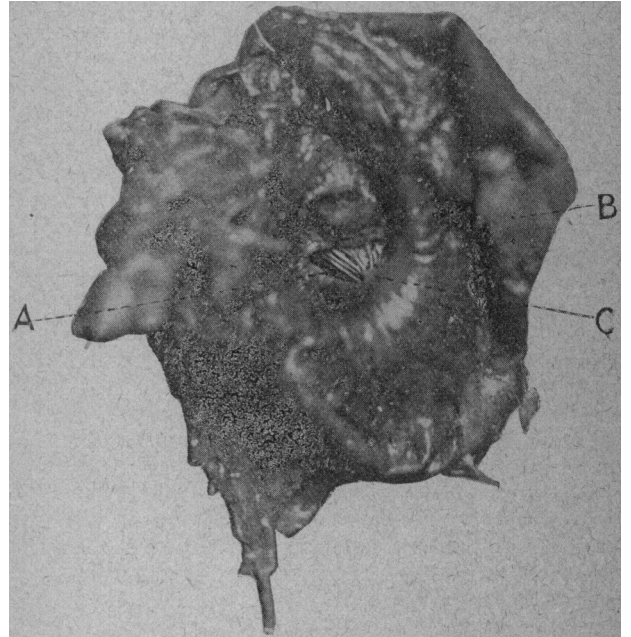
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Recently Dr. W. H. Witt, Demonstrator of Anatomy, found in the body of a colored woman of about 25 years, the cardiac aneurysm shown in Fig. 1. The surface of the heart was covered with shaggy fibrin



of a recent pericarditis, but whether or not this was the cause of death we have been unable to learn, as the body was of the "resurrected" variety and we have not succeeded in tracing it so as to get a clinical history. The aneurysmal pouch when opened contained soft black clots, showing no attempt on the part of nature to fill it up with laminated clot. The pouch communicated with the cavity of the left ventricle by a large opening just below the attachment of the anterior segment of the mitral valve. This opening is two and three-fourths centimeters long by one and one-fourth broad (see Fig. 2). The opening easily

admits the tips of the thumb and two fingers. The edges of the orifice are markedly hard, smooth, rounded and in places fibroid, the appearance being that of a lesion of long standing. The dimensions of the pouch are: length twelve centimeters, width eight and height seven centimeters. The left ventricle is both hypertrophied and dilated, its wall wall being one and one-fourth centimeters thick and its cavity notably large, the interventricular septum giving the appearance of having been pushed toward the right in such a way as to lessen the cavity of the right ventricle. On account of the marked postmortem change, nothing



definite could be ascertained in regard to the heart muscle microscopically, but so far as I could see it was normal. There was no evidence of atheroma in the aorta, and the other organs gave no signs of syphilis. The walls of the pouch consisted only of thickened epicardium, the muscular tissue having evidently been broken through. As for the cause, it was probably an embolus or thrombus in a radical of the coronary artery, which by its occlusion gave rise to a myomalacia, and the disintegrated heart muscle disappeared, allowing the blood to push against and gradually dilate the visceral pericardium.

### CREMATION.

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Cremation, or the burning of the bodies of the dead, may be said to be an ancient custom with all countries excepting Egypt, where they were embalmed, Judea, where they were buried in sepulchres, and China, where they were buried in earth. In Greece only suicides, unteethed children and persons struck by lightning were denied the right of burial. At Rome one of the Twelve Tables said *hominem mortuum in urbe ne sepelito neve urito*, and in fact from the close of the republic until the end of the fourth century burning was the rule, although Macrobius says it was disused in the reign of Theodosius.

The Chinese were influenced by the doctrines of Feng-Shui, which taught that they must be buried in a grave on their own land, hence, the Chinese who die