forbear directing attention to the great desideratum for further investigation to which it points. The fact must be evident that the knowledge of this disease is comparatively recent, and that no sooner has attention been directed to it, than writers have been eager in theorizing on its nature without first studying the whole history of its phenomena. Let us inquire accurately into the causes, symptoms, and anatomical characters of pyæmia, and then, but then alone, will be the time to inquire into the *wherefore*. Obvious it is that the prosecution of any other plan than this must expose its followers to the danger, inseparable from being satisfied with a perception of partial truths, and forgetting that a discovery of the whole truth may prove any opinions deduced from prejudice and limited experience to be absolutely fallacious.

A task so incompletely achieved as this of mine is, stands in need of more excuse than I can plead for it. I feel that it is of no use to point in detail to the deficiencies of this paper, because so doing would be equivalent to writing a thesis on pyæmia—to doing, in fact, that which lack of time has prevented me accomplishing, and for not doing which I am constrained to plead indulgence. If, however, I have succeeded in drawing attention to the high import of the subject, and aroused to energetic action in its study, I have accomplished my greatest aim. I have spoken of a terrible and fatal disease, frequent yet almost unknown; and if I have not succeeded in imparting much information, I may at any rate say, that on this part I have not fallen below my aim. I am sufficiently repaid by the reflection that the few truths I have propounded, and the errors I have denounced, may incite some among you to endeavour to add to the former and lessen the number of the latter.

University College Hospital, November 1852.

ILLUSTRATIONS OF THE CAPRICES OF THE NERVOUS SYSTEM.

By M. BROKE GALLWEY, Surgeon, Royal Artillery.

IN the Opening Address of the first number of the ASSOCIATION MEDICAL JOURNAL, it was stated that "short and pithy papers on practice and pathology are what are chiefly required". I therefore make no apology for the following *curt* communication, reserving the privilege of commenting hereafter upon the materials of which it is composed.

I. INTERMITTENT HYSTERICAL CHOREA.

A married lady, without children, eminently hysterical, and now and then affording in her own person strange and anomalous illustrations of that mysterious temperament, was attacked at midnight while in bed, and without warning, with sudden twitching of both upper and lower extremities, the muscles of respiration participating so much in the irregular action as to occasion considerable distress to that function. The tongue, however, could be protruded and withdrawn at pleasure, and evinced none of that peculiarity of jerk so characteristic of choreic phenomena in general. Although the muscular movements were limited to what might be strictly called *twitches*, and never rose to the importance of true choreic spasms, they were, nevertheless, exceedingly violent in character, and occasioned so much suffering to the subject of them, as to leave her exhausted, and bathed in perspiration. The attack lasted for three quarters of an hour. Throughout, the mind was clear, and consciousness unclouded. I administered stimulants, and the lady was quite well in the morning. Several weeks afterwards, she had a milder recurrence of the attack while in bed at night.

II. CURIOUS REFLEX PHENOMENA.

A lady, under my care for common cold, which had been accompanied by severe cough, the latter, however, having left her, had retired to her room for the night. She sat for some time by the fire undressed, before betaking herself to bed. Scarcely had she drawn the clothes around her when she was seized with a *sudden* and suffocating cough,

which no change of posture influenced or controlled. After enduring this for half an hour, she rushed out of bed for relief, and *immediately* found it at the fire-side. After a while she went to bed again, when precisely the same thing occurred to her a second time, with the like instantaneous cessation of the cough on again removing to the fire.

As I happened to be in the house at the time, I was summoned to this lady, who, in a casual remark which she dropped on the occasion, enunciated a physiological truth which cleared up the obscurity of the case at once; and this was, that she was certain it was the *coldness of her sheets*, which she felt to be excessive on the occasion, that had given rise to and kept up the cough. I had previously examined the state of the uvula, but found nothing whatever in the condition of that body to warrant my suspicion that the exciting cause of the cough resided there. At length, my patient enveloped her head and mouth in flannel, and returned a third time to bed, without the least recurrence of the cough. Although this last circumstance at first sight might favour the notion that it was to the inhalation of cold air, and consequent irritation of the air-passages, that the cough was in reality due, I have little doubt that the phenomena were true reflex ones, induced by the sudden contact of excessively cold sheets; because, had the air of that part of the room in which the bed stood been sufficiently irritating to originate the cough, it is reasonable to suppose it would not have delayed its operation until my patient had got into bed. At least, I think my physiology as much entitled to respect as that of those who explain the cry of the infant on its first arrival upon "this teeming stage of strife", to be dependent on the play of atmospheric air upon its surface; or of Ambrose Paré's physiology in relation to the cause of the variety of shape in the human nose divine; to wit, that its length and goodness simply depend upon the *softness and flaccidity of the nurse's breast*, and that the flatness and shortness of other noses result from the firmness and elastic repulsion of the same organ of nutrition in the hale and robust!

Devonport, February 15th, 1853.

BIBLIOGRAPHICAL NOTICES.

PRACTICAL SKETCH OF LOW INFLAMMATIONS. By S. F. STATHAM, Assistant-Surgeon to University College Hospital, London. pp. 31. London: 1852.

FEW subjects are more important than that which Mr. STATHAM has chosen to sketch in the present pamphlet; and especially in surgery, his peculiar department, it is absolutely necessary that the practitioner should understand low, or asthenic inflammation, and know how to treat it. The integrity of an organ, or the life of the patient, is often compromised by the injudicious use of lowering treatment, where an opposite system would have secured a happy issue. Mr. Statham has evidently studied this subject with great zeal and care, and his *brochure* contains many interesting observations, especially on the asthenic forms of surgical disease: but had he studied it in the works of others, as well as in the wards of his hospital, we think he would have less lightly appreciated the state of our present knowledge of a subject which has been much more closely attended to than he supposes. "I would claim, therefore," he says in his Preface, "that whenever inflammation is described, a sthenic (or ordinary) and a low type should be given, *which low type has hitherto been insufficiently recognized*." This assertion we refuse to admit; but we do not by any means on that account undervalue Mr. Statham's present contribution. We gladly thank him for much that is interesting in his description of various forms of unhealthy inflammation.

We are not certain that we understand all his pathological descriptions; as, for example, those contained in the following sentence: