and beneath the fine lining membrane, which is reflected over the thyro-arytenoid ligament, and which sinks in between the superior and inferior ligaments, forming the ventricle of the larynx; in this situation, the matter effused appeared to be sero-purulent. On bringing the sides of the chink of the glottis in contact, the natural opening was completely obliterated by the thickening, which prevented respiration, and was the obvious cause of death. There was no false membrane; it was clearly that form of disease to which the term laryngitis is properly restricted. I should have stated that the lungs were congested in the lower portion of the lobes, and the superior portion was filled with air, but not emphysematous.

REMARKS.

The prognosis of acute laryngitis is always unfavourable. Dr. Cheyne considered it the most fatal of all inflammations. The only hope, in many cases, is in giving relief by the operation. Upon this point, however, there exists much difference of opinion among medical authorities. Dr. Baillie was of opinion that blood-letting was of no use, and that tracheotomy should not be resorted to within less than thirty hours. In this case, death relieved the patient of his sufferings in less than that time. Dr. Armstrong mentions two cases that terminated fatally in seven and eight hours.

Mr. Lawrence says that bronchotomy should be performed as soon as the symptoms enable us to decide upon the nature of the disease, and wisely makes the condition of the patient more the criterion than the period of the attack.

Louis observes, that as long as bronchotomy is considered an extreme measure, it will be performed too late.

Drs. Mackintosh and Elliotson are in favour of the operation, but recommend previous trial of venesection and mercury.

This is very good advice in the first stage, before effusion has taken place; but in such a fell disease, when the sentinel of the portal of life is being overpowered, delay is death. The danger from the operation cannot be compared with the danger from the obstruction to the breathing, which it is calculated to remove. It is of no use to have recourse to it when the face becomes livid, and the faculties obtuse, from the circulation of black blood on the brain. The operation of bronchotomy is less liable to add to the irritation than that recommended between the cryoid and thyroid cartilages. It is also of a more simple nature. It is further removed from the seat of inflammation, and the mucous membrane is here endowed with less sensibility.

Some time ago, in a case in some respect similar to that just detailed, I cut down upon the trachea, in the manner described by Mr. Lawrence in his lectures, and introduced a very short canula, nearly approximating to the shape of that of M. Bretonneau, a description of which is given in plate 25, fig. 4, of M. Bourgery, and persevered with calomel and opium, and the application of leeches to the fauces, although the canula caused a good deal of irritation. The opening closed on about the 18th day, and the patient recovered.

In every case, as soon as the nature of the disease has fully manifested itself, bronchotomy should be performed; or an excision of one of the

rings of the trachea, as described by Sir P. Cramp-ton, should be made.

The tenderness of the larynx, and the peculiar inspiration, quite different from the hoarseness which often accompanies severe bronchitis, and which is caused by mucus or catarrhal inflammation, are the two pathognomonic signs quite sufficient to justify the use of the knife, and afford to your patient the only certain means of saving his life.

Medical men are, by their exposure to vicissitudes of temperature, peculiarly liable to this complaint; several of the greatest eminence have died of it. They should be always mindful of the saying of an old and great authority—"Celerrime intereunt cynanche laborantes, nonnunquam et antequam medicum accersiverint."

9, King-street, Snow Hill, Sept. 14, 1841.

AMAUROSIS CURED BY STRYCHNIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—The following case is a short history of amaurosis occurring after sudden grief, but where other causes appear to have concurred in the production of the malady. Considerable relief was obtained by the repeated application of leeches, and the cure completed during the administration of strychnia.

If it be worthy of a place in your pages, I shall feel obliged by its insertion.

Yours respectfully,

J. NOTTINGHAM.

Liverpool, Nov. 15, 1841.

William M'Cole, aged 26, robust, eyes and complexion dark, a shoemaker, working constantly upon the polished or patent leather, "always enjoyed good health until the beginning of August last."

In this way he speaks of his previous health, but from more careful inquiry it appears that he has been subject to frequent epistaxis from the left nostril during the last six years, bleeding "on the average not less than once a week," but that a few weeks ago this periodic hæmorrhage ceased.

He remarks that he has been in the habit of attending to the state of his bowels, and of taking occasional purgatives; and although he has worked with the polished leather during the last two years, his eyes were never made uneasy, or pained, by its dazzling surface.

In July last, in consequence of the sudden death of his father, great anxiety about a family, numerous and unprovided for, was all at once brought upon him.

He describes his grief for the loss of his father, and his despair for the future prospects of his family, as having been exceedingly oppressive, and he himself regards these as the main cause of his malady; and it would seem that, taken together with the suppressed hæmorrhage above mentioned, they may account for the phenomena about to be detailed.

August 20, 1841. He applied to me with the following symptoms: Anxious expression of coun-

tenance; great pain in the right temple; feeling of stiffness and difficulty in rolling the eye-ball; so that he was induced to turn his head in preference to moving the eye; no appearance of increased vascularity in the organ; pupil a little dilated, the brightness of the eye somewhat less than in that of the opposite side. Vision of the right eye remarkably indistinct; he sees as if "through a thick mist." The left eye is but slightly affected. Pulse natural; tongue somewhat furred.

He was directed to take an emetic draught; afterwards a few doses of sulphate of magnesia, to apply ten leeches to the temples, and a large blister to the back of the neck; to shade the eyes, and occasionally to use warm pediluvia.

24. With regard to the pain in the temple and eye-ball, he is much relieved, but I cannot observe any improvement in his vision. To repeat the application of leeches once every ten days, and to continue the aperient.

No deviation from the above treatment took place until the beginning of October, when vision in the right eye was somewhat improved. Depletion was now discontinued, but the state of the digestive tube attended to, and a pill containing one sixteenth of a grain of strychnia ordered to be taken twice a day.

After fourteen days, as the above dose of strychnia had not produced any disagreeable symptoms, and gradual amendment continued, the quantity was increased to one-eighth of a grain twice a day, which he proceeded with during another fortnight.

November 15. He is now quite well; the eye with the same aspect, and the pupil of the same size as the other. During the administration of the larger doses of strychnia, the remedy produced some of its ordinary effects on the system, such as a thrilling sensation in different muscles, &c.

The depletion was left off when it was supposed to have produced sufficient effect on the vascular system of the eye, and I am disposed to regard the strychnia as having stimulated an injured retina, and consider it to have been not the least influential half of the treatment.

There was no intolerance of light, or other symptom inducing me to regard this as a case of acute retinitis, and in the treatment by strychnia I did not overlook an expression in the valuable work of Mr. Hocken, that "no possible benefit can accrue, but rather harm, from the indiscriminate employment of this potent poison in inflammatory or congestive conditions of the retina, or in those lesions of structure which are the necessary consequences of the state of hyperæmia."

DIFFUSED BRACHIAL ANEURYSM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—If you think the following worthy of insertion in your journal, it is at your service.

Your obedient servant,

DAVID KINNARD.

Lambourn, Berkshire,
Nov, 12, 1841.

Charles Avenell, æt. 68, yeoman, was bled for iritis, in July 1841, by a neighbouring practitioner, who had the misfortune to puncture the brachial artery, and not being aware of the accident, although he had some difficulty, by means of a compress, to stop the bleeding, left the patient; he was summoned to the man on the next morning, when he found him in much pain, and the arm very much swollen; he became alarmed at his state, and met a neighbouring practitioner in consultation, who fancied the case to be one of phlebitis, for which they administered saline aperient medicines and cold lotions without any relief, as the arm became very much swollen. Dr. B. was then called in consultation. At his first visit he did not discover the nature of the disease; but at his second or third visit discovered it to be aneurysm. The arm was now bound up from the fingers to three or four inches above the tumor. This treatment was continued for nine or ten weeks without diminishing the tumor, or mitigating the disease. The son of the patient, and also the patient himself, now wished that I should see him, as I had attended him on a previous occasion. I saw him on the 2nd of September, and explained to him the nature of the disease, but could not get the consent of himself and family to submit to the operation before the 19th of September, when my patient wished Dr. B. to meet me, in order to perform it. Dr. B. and I could not agree as to the precise operation which should be performed. Conceiving it to be diffused aneurysm, I wished to open the sac, clear out the coagulum, and tie the vessel above and below: but Dr. B. insisted on the ligature being applied above the sac, on the inner side of the biceps. With reluctance I submitted, and operated according to his wish. For the first two or three days the sac became rather diminished in size, but on the fourth day the pulse at the radial artery was felt very distinctly, and from that time the tumor began to increase in size, and the arm was very painful; the integuments were now discoloured and very thin over the sac, and I was afraid of the latter rupturing.

On the 8th of October I made a longitudinal incision of about nine inches long, beginning two inches above the superior, and terminating an inch below the inferior part of the tumor; the fascia was exceedingly thin, particularly at the point where the puncture had been made. I divided it along the whole length of the external wound, and took out twelve ounces of coagulated blood; the vessel was then seen very distinctly, and, on removing the pressure from the artery above it, bled very profusely from the puncture. I then passed the ligature above and below the puncture, and I tied the vessel above the orifice, but this did not stop the bleeding. On the second being tied, however, it immediately ceased. I did not divide the vessel between the ligatures. The wound was dressed in the usual way, the arm and hand wrapped up in warm bran and flannel, and friction was directed to be used frequently. Nine hours after the operation, the pulse was perceptible in the radial and ulnar arteries; the hand was warm, and the patient enjoyed two hours' sleep; his spirits were good, skin moist, and there was no uneasiness or pain in the arm, with the exception of slight numbness in the fingers.

9. Has passed rather a restless night; pulse