water douche over the body occasionally would be admissible, although I hope never again to encounter so formidable and pitiable a form of cerebral affection.

ON CYNANCHE LARYNGEA.

By JONATHAN TOOGOOD, Esq.,

Senior Surgeon to the Bridgwater Infirmary.

Cynanche laryngea sometimes is ushered in by an attack of common sore throat, and sometimes the two diseases are coexistent. Mrs. Burt, aged sixty-four, was seized with shivering, after exposure to cold, on Saturday morning, followed by fever and sore throat. The uvula and both tonsils were much inflamed and ulcerated; and in this state she continued to suffer much inconvenience until the following Wednesday morning, when she was so much relieved as not to require further attention. Her son being under my care at the time, I saw her at ten o'clock the same evening, when she declared herself free from all complaint, and told me that she had been sitting up at work the greater part of the day, and at that moment was preparing to assist in taking her son out of bed and making it for the night. On visiting him the following morning I was alarmed by hearing his mother, who slept in an adjoining room, breathing in a slow laborious manner, with a shrill or stridulous sound. I found that she had been attacked with cynanche laryngea early in the morning, and was suffering from pain, cough, fever, and sense of suffocation. General and local bleeding, with large and repeated doses of emetic tartar and afterwards of calomel, together with counter irritation, were immediately resorted to—indeed all the usual remedies were actively and most energetically employed for ten hours, when she died quite suddenly. The remedies produced languor and faintness, but no effectual relief, although a partial abatement of the most violent symptoms lulled me into a false security, and prevented me from adopting that course which, I believe, would have saved her life. Never did I more sincerely regret that the operation of bronchotomy was not performed; but the duration of the disease was so short that I did not feel myself justified in proposing it until some means had been tried. It terminated in a more sudden and unexpected manner than I was prepared for. The dissection proved that the disease was confined to the upper part of the tube, which was blocked up by flakes of coagulable lymph; and as the surrounding parts were all in a healthy state, there is every reason to believe that the operation would have been attended with complete success.

Although the operation did not succeed in the case which I am about to relate, it will be found an interesting one—the patient, after a partial restoration, having died of secondary asphyxia.

Mr. Honitall, aged fifty, had been suffering for some days from what was considered a bad cold, attended with hoarseness and sore throat, for which some domestic remedies were used. He became much worse about ten o'clock at night, when he sent for a surgeon, who bled him largely both generally and locally, and treated him very actively during the night without any relief of the symptoms. I saw him at five on the following morning, and advised

the immediate performance of tracheotomy, which he refused to submit to, but, rapidly getting worse, and gasping for life, he consented when in articulo mortis. But before the operation was completed he had ceased to breathe; it was persevered in, and artificial respiration performed, when, after a few minutes, to the great surprise of all around him as well as to myself, reanimation took place, he began to breathe freely, opened his eyes, sat up in the bed, and drank some tea. He continued in this state but a short time, was seized with convulsions, and expired.

If, in this dangerous disease, large bleedings and active remedies do not succeed within a few hours after its invasion, I believe the best course is to resort immediately to the operation, and not to wait until the powers of life are so far exhausted as to leave but little hope of success.

Bridgwater, Feb. 24, 1843.

IMPERFORATE VAGINA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Should you deem the following case of imperforate vagina of sufficient interest, you will oblige me by its insertion in your Journal.

I am, Gentlemen,

Your obedient Servant,

THOMAS BANCKS, M.R.C.S.

Stourbridge, Feb. 27, 1843.

In the month of April, 1842, Mrs. W—, aged twenty-eight, of masculine make, but well developed mammae, who had never menstruated, applied to me for advice. She stated she was in good health, had been married five months, but that no entrance had been effected by her husband. On examining the external organs of generation, I found a complete closure of the vagina, there being no opening but the orifice of the urethra, which was much dilated (and readily admitted my finger into the bladder) by repeated attempts on the part of the husband to force an entrance with the finger. I at first thought the integuments only might possibly be the obstruction, and suggested to her the necessity of an operation, which she readily assented to; indeed, she stated her willingness to undergo any operation that would afford a chance of relief. Having evacuated the rectum and bladder, I commenced an incision immediately below the orifice of the urethra, and carried it on for three inches towards the anus, avoiding the urethra by keeping a catheter up against the pubis, and, carefully dissecting as I approached the rectum; I continued my incision inwards and upwards for about two inches and a half, until I found the rectum and urethra so closely approximated that I deemed it advisable to desist, having fully satisfied myself there was an entire absence of the canal of the vagina and, I believe, of the uterus also, as it could not be felt either through the rectum or bladder. The woman had never menstruated, or had any bad symptoms when that secretion should have taken place, and the bones of the pelvis, particularly the inferior outlet, had all the characteristics of the male pelvis; one artery only was divided and secured, the