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

wound soon healed, and the woman shortly after leaving the neighbourhood, I was unfortunately unable to obtain a sketch of the parts, as I wished to have done, before and after the operation. The woman persisted in marrying, in defiance of the wishes of her mother and other friends, who were aware of the physical disability to consummate the marriage from the malformation which existed.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, MARCH 4, 1843.

The reign of monopoly, so long enjoyed by the medical corporations, is rapidly drawing to a close. Whatever may be the nature of the medical reform announced by Sir James Graham, it is certain that the privileges and pretensions of the incorporated monopolists will be considerably lowered and curtailed, either by modification of their charters or by (as we sincerely hope) some general enactment comprising the whole profession and regulating it throughout the United Kingdom.

Prudent men generally endeavour to set their houses in order as the day of final account approaches. Not so the corporations. They have been so long accustomed to work in the dark, that now, at the eleventh hour, their lamps are without oil, and at the very moment when they should be prepared to invite public scrutiny to their most trifling acts, their councils are divided, their conduct vacillating, and their deeds only calculated to excite contempt or indignation.

Some ardent reformers of the "go-ahead" school will, perhaps, rather rejoice than grieve at these symptoms of weakness and approaching dissolution; but those who still entertain some fragments of respect for the institutions with which they have been accidentally connected, must deplore the strange want of consistency and regard for the respectability of the profession which characterises certain recent measures of the Colleges of Physicians and Surgeons in London.

One of the evils against which the voice of the profession has been most loudly raised, is the unnecessary multiplication of titles and the invidious distinction of grades emanating from the various licensing bodies. In a profession, indivisible from its nature, uniformity of education and qualification should exist. This proposition is so simple and evident that we deem it superfluous to adduce any argument in its support. Now, if the corporations be unable to carry out any uniform scheme of professional education, and if "grades" be necessary to the very existence of the medical commonwealth in this custom-ridden country, some effort, at least, might be made to lessen the obnoxious system of gradation—some desire shown to draw the profession together in the bonds of unity and

brotherly love. The reverse, however, is the case. New grades are established, and the compacts entered into for the purpose of equalising, so far as circumstances permitted, 'a large portion of the profession, have been wantonly and shamelessly violated.

The College of Physicians of London is a body so utterly insignificant in every point of view—bankrupt in reputation as well as in purse, and leaning, for its last support, on the fragile reed of ministerial favor—so insignificant, we repeat, is this body, that many of our readers will not understand our allusion to the new grade recently introduced amongst us. Be it known, then, to the half dozen persons whom it may concern, that the Royal College of Physicians has instituted an indescribable genus of practitioners, denominated members. In addition to fellows, candidates, inceptor-candidates, licentiates *intra urbem*, and licentiates *extra urbem*, we have "members." All we know of the qualification required from these gentlemen is, that they should be forty years of age; arrived at this happy period of manhood, they undergo some process at Pall-mall, which is concealed from the uninitiated, and are thence sent forth, under false colors, to delude and doctor her Majesty's lieges.

The term *false* is not too strong a designation for this new class of dignitaries; they have no right whatever to the title of M.D., yet are called Dr. in the lists of the college, where their names are indiscriminately mixed with the legitimate members of the college. In the abstract, we do not object to the principle of admitting practitioners of forty years of age to an examination and enlisting them amongst the members of any corporate medical body. Under an uniform system of government, and above all with a strictly conducted public examination, this plan might not be objectionable; but in the present posture of affairs it is one which no thinking man can for an instant defend. What necessity, we would ask, exists for the institution of a new grade in the profession? If the college desire to be liberal, why not simplify the matter by making licentiates of these gentlemen? What examination do they undergo?—if the same as the licentiates, why create an invidious distinction?—if different, how can the college justify itself against the charge of sending forth a class of inferiorly qualified men? But, it may be rejoined, the qualifications of these gentlemen to practice are fully tested by examination at the college. Were that examination *public*, the answer might pass; but constituted as it is, and conducted as it has been, the college cannot expect the public to place any great degree of trust in the wisdom of its acts or the purity of motives whence these acts have emanated. When a show of liberality was manifested in the election of certain fellows, we all know how the supposed honor was bestowed as a reward on recreant reformers; and we have no proof to show—no reason to