DESCRIPTION OF CONDITIONS FOUND IN THE HEAD AND NECK TWO YEARS AND A-QUARTER AFTER LIGATURE OF ALL THE CAROTID ARTERIES, JUGULAR VEINS, ETC., OF THE LEFT SIDE.

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In the BRITISH MEDICAL JOURNAL of December 7th, 1895, I recorded a case of cut throat, and the treatment of the case was summarised thus:

October 5th, 1894. Ligature of the common carotid artery in two places, of the internal jugular vein in two places, of the external and anterior jugular veins; perfusion of 20 ounces saline fluid.

October 27th. Secondary hæmorrhage; attempted ligature of common carotid, which was rotten, so that the external and internal carotid arteries were tied, along with other ligatures on the internal jugular vein and a branch, by my colleague Mr. R. A. Bickersteth, who was fortunately at hand when the hæmorrhage occurred.

November 5th. Hæmorrhage from internal carotid artery arrested by packing and pressure. A quart of warm water in the rectum revived the patient.

He was discharged on January 25th, 1895. After following his occupation—house painter—for nearly two years, he was admitted into the infirmary, under Dr. Caton, on December 19th, 1896, on account of severe cough and pain in the right chest. He was very ill, with a high temperature and copious expectoration. He rapidly failed, and died on January 17th, 1897, two years and a-quarter after the injury, and two years after discharge from hospital.

a. Small vessel dividing into lingual and superior thyroid. b. Left sympathetic nerve. c. Left pneumogastric nerve. d. Left common carotid artery ending in cicatrix. e. Left phrenic nerve. f. Left internal jugular vein. g. Right internal jugular vein. h. Right pneumogastric nerve. i. Right common carotid artery.

A post-mortem examination was allowed, and, under the kind direction of Professor Paterson, the valuable—and, I venture to think, unique—specimen herewith described was obtained. We were particularly requested not to mark the face during the examination, but, with that exception, all

the blood vessel arrangements of the head and neck were carefully noted.

The blood vessels forming the circle of Willis appeared normal, the last half-inch of the left internal carotid artery being hollow, but the portion in the cavernous groove was a fibrous cord. The lungs and heart, with all the tissues forming the neck (skin alone excepted) were skilfully extracted, along with the first ribs and a portion of the base of the skull, and the dissected specimen is now placed in University College Museum. Its main features are:

Left Side.—Total absence of sterno-mastoid muscle, its place being occupied by cicatricial tissue. The common carotid trunk was small, and ceased suddenly, 5 inches from the arch of the aorta, in a mass of scar tissue, there mingling with the cut ends of the pneumogastric, sympathetic, and some cervical nerves (the phrenic nerve was normal). Above this fusion nothing but the two nerves (vagus and sympathetic) and a small artery could be found. This artery, not so large as a normal facial, came down from above, and gave off the small facial, lingual, and superior thyroid, and was the sole representative of the external carotid. No traces of internal carotid nor of the internal jugular as far as the base of the skull could be found. The inferior thyroid artery was smaller on this side, but the left vertebral was half as large again as its fellow; this, in fact, appeared to be the only special provision made for collateral circulation. The deep cervical artery was much smaller on this side. The left lung was normal, and had thus not suffered from interference with the pneumogastric and sympathetic nerves.

Right Side.—The common carotid artery seemed a shade larger than the normal, but the superior thyroid, lingual, facial, and inferior thyroid arteries had not apparently enlarged. In the right lung some pathological changes, with a collection of pus, had caused death.

The specimen illustrates how little reliance can be placed on the theoretical collateral circulation so carefully enumerated in textbooks, based on ordinary anatomical anastomoses, for it will be noted that, with the exception of the increased left vertebral, and some little enlargement of the right common carotid, all the other arteries not only forgot what was expected of them, but were actually smaller; and that delight to examiners, the deep cervical artery, was so far indifferent to expectations as to be considerably smaller than its fellow of the opposite side.

A CASE OF ABSCESS OF THE TEMPORO-SPHENOIDAL LOBE, OPENED AND DRAINED THROUGH THE OSSEOUS AUDITORY MEATUS.

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CASES of successful operation for cerebral abscess of aural origin are fairly common, but the methods of operation are by no means perfect. The ordinary method of trephining an inch above and behind the auditory meatus is the most simple, but the drainage and after-treatment are not at all satisfactory. The method adopted in the following case was, I believe, first suggested by Dr. Watson Browne, of Belfast, and has recently been recommended on the Continent:

M. W., aged 28, had pain in the left ear five years ago for some weeks, and the ear has discharged more or less ever since. In November last there was severe pain for a few days, which returned about the middle of January. On February 1st the patient was suddenly taken ill in his office, and had to be carried home. When I saw him on February 4th he was semi-comatose; he complained of intense, unbearable pain in the head, and the cerebation was much impaired. The pulse was 60; temperature, 104°. The optic discs were distinctly inflamed, and their edges blurred.

On February 5th we decided to operate. A large incision was made round the left auricle. The cutaneous auditory meatus was cut through and the auricle drawn downwards. The remains of the membrana tympani and the ossicles were removed. The attic and neighbouring mastoid cells were found