should it be brought forward by the Secretary of State for the Home Department. Still, from the declaration of Mr. Guthrie, that there was no grievance which the college was not anxious to see removed, and the assertion of Mr. White, that they were surgeons, and had nothing to do with medicine or pharmacy, but kept strictly to their own department; I am inclined to believe, that if the general practitioners, as they are now called, would consent to abandon pharmacy, the College of Surgeons would cordially support their endeavours, and the College of Physicians would not refuse their sanction; but as long as they consent to act as apothecaries, so long will both colleges continue their opposition.

I am, Gentlemen,

Your obedient servant,

G. HARVEY.

Castle Hedingham, August 29, 1841.

VARIETIES

IN THE

DISTRIBUTION OF VESSELS INTERESTING TO THE SURGEON.

By PROFESSOR HYRTL, Prague.

It has generally been admitted by anatomists, that the primary carotid bifurcates in the male, opposite the upper edge of the thyroid cartilage, and in the female, opposite the lower edge. In infants of both sexes, the artery always divides below the upper edge of the cartilage; in persons disposed to phthisis, and in those who have long necks, the artery bifurcates low down, while in short-necked people the artery often divides on a level with the os hyoides.

In children, it is much easier to find the two trunks of the carotid artery, and to isolate them, than in adults, because the angle of the jaw in children does not descend so low down, and the ramus is shorter. In the body of a tuberculous patient 40 years of age, M. Hyrtl found the primary carotid dividing at the fifth cervical vertebra; in a woman who died of cancer of the womb, its bifurcation took place very high up; the superior thyroid, laryngeal, lingual, occipital, and posterior aural arteries, arose from the common carotid; the latter, immediately after having furnished these branches, dipped under the parotid gland, and there divided into internal and external branches, not far from the root of the styloid process. In another case, there was a species of transposition of the two branches, the facial one being placed outside the cerebral. In a young lad there was absence of the inferior thyroid artery on the right side, which was replaced by an ascending branch from the innominate. The varieties of the great vessels which arise from the arch of the aorta, are very numerous in the Museum of Prague. In one specimen, the right carotid and subclavian arise immediately from the arch; the latter arises to the left of the median line, and crosses over in front of the trachea; in six specimens, the left carotid arises from the innominate; there are six examples of the *thyroidea ima* artery, which in all cases was placed between the deep cervical fascia and the trachea; in seven cases, the left vertebral

artery arose directly from the arch, and in two, the vertebral entered at once the foramen in the transverse process of the seventh cervical vertebra. In one case, both thymic arteries come by a single trunk from the anterior edge of the arch. The other anomalies of this class are, a right subclavian artery arising after the three other trunks, and passing behind the trachea; an internal mammary, arising from the arch, close to the innominate; the aorta winding over the right bronchus, and descending along the right side of the bodies of the vertebrae; the right coronary artery, in this rare case, was replaced by the left one.

Amongst the anomalies connected with the subclavian artery, M. Hyrtl mentions the following:—

CASE I.—In the body of a young man who died of inflammation of the inferior cava, the subclavian artery was found covered by two subclavian veins, one of which passed in front of the scalenus muscle, while the other passed behind it close on the artery.

CASE II.—In a young girl, 23 years of age, the deep cervical artery arose from the internal mammary; it was extremely large, and furnished most of the branches which usually come from the transverse cervical; it ran close to the subclavian, behind the scalenus muscle, and then gave off a large branch, which entered the foramen in the fourth cervical vertebra, and joined the vertebral artery.

The varieties of the arteries of the arm and forearm are so common and well known, that we need not follow the author in his enumeration of them. In one case, the left primary iliac was much shorter than the right one, the bifurcation took place very high up, and the hypogastric artery ran for a considerable way close along the external iliac, before it dipped into the pelvis. The origin of the obturator from the epigastric or external iliac, was found to occur more frequently on the left side than on the right; in one case, the profunda femoris arose from the external iliac, about Poupart's ligament; this variety is not very rare, and is of much importance relative to the operation of tying the femoral artery in Scarpa's triangle. An anomaly, not hitherto noticed, occurred in a boy 15 years of age; the dorsalis penis, and the artery of the corpus cavernosum, arose from a transverse pubic branch of the epigastric. —*Gaz. Med. and Austrian Jahr.*

LIVERPOOL SUMMER ASSIZES.

NISI PRIUS COURT, FRIDAY.

THE APOTHECARIES' COMPANY v. GREENOUGH.

THIS was an action brought by the master-warden and governors of the Apothecaries' Company, in London, against the defendant, Henry John Greenough of St. Helens, to recover certain penalties to which he had become liable, in consequence of having practised as an apothecary, he not being duly qualified. A special jury was empanelled.

Messrs. Cresswell, Adolphus, and Robinson appeared for the plaintiffs. The cause was undefended.

Mr. Cresswell observed, that the action was brought by the Apothecaries' Company to recover the penalties incurred by the defendant, in conse-