Mr. Costello has not for many years published any of his cases, and we think he is to some extent chargeable with the false estimate of lithotripsy now made in this country. We do not consider his professional occupations or his great literary undertaking any sufficient excuse for his silence. He is bound, to the extent of his means, to set the public right on this point. We would, therefore, hope that the publication of this book will suggest to him the propriety of breaking a silence, which, if longer persevered in, would justly subject him to the imputation of indifference, or something worse.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

March, 8, 1842.

On a Variety of False Aneurism. By R. LISTON, Esq., Surgeon to University College Hospital.

The author's attention has lately been particularly directed to the subject of the communication between large blood-vessels and the cysts of abscesses, in consequence of a remarkable case which he lately met with, where the carotid artery opened into a large abscess in the neck.

CASE.—J. A., aged 9, suffered from severe illness about six years ago, by which he was left in a very reduced state; two months back he had a violent cough, accompanied with fever, and at this time a *small swelling* was first observed in the neck immediately below the right ear. This swelling increased slowly until within three or four days of his reception into the North London Hospital, on the 20th October, 1841, when its progress had become more rapid and irregular. At the date mentioned there was observed a tumour, extending from the angle of the jaw on the right side downwards to within an inch of the clavicle; backwards to the posterior edge of the sterno-cleido-mastoides muscle, which it raised; and forwards to about midway between the angle of the jaw and the chin. The tumour, further, projected inwards into the mouth, between the arches of the palate, and materially impeded both deglutition and respiration. Indistinct fluctuation could be felt in the tumour, and there was slight pulsation in it, immediately over the course of the carotid artery; but on grasping the sides of the tumour, and examining it from the mouth, no pulsation could be felt.

A small puncture was made into the tumour, under the impression that it contained matter; but a gush of arterial blood followed the bistoury, and about four ounces were lost in a few seconds. The puncture was readily closed by hair lip pins and twisted suture, and the bleeding checked. I resolved on tying the carotid artery next day.

No hæmorrhage occurred in the course of the ensuing night, but the tumour was tense, and had been kept covered with a cold lotion. On proceeding to the operation, an incision about an inch and a half in length was made transversely over the sternal end of the clavicle, and another upwards, and at right angles to the first one, and in the line of the trachea, by which an angular flap was formed, and turned upwards and outwards. The sternal attachment of the sterno-mastoides being exposed, was cut through; the sterno-hyoideus and sterno-thyroideus were next exposed, after some dissection, and divided; at length the carotid was exposed a little above its origin from the innominate, and tied. The whole difficulty of the operation arose from the necessary smallness of the external incision; the tumour projected so low down into the neck, that it was impossible to procure space by extending the incision upwards, and the artery,

which lay at a great depth from the surface, had to be sought for at the bottom of a small hole. The flap was laid down, and retained by some isinglass plaster. The boy complained very little after the operation; the swelling became smaller and firmer, and the movements of the jaw, which before were much restricted, were now more free and less painful. The pupil of the right eye, which had been contracted and only partially sensible to light, was now restored to its proper functions. The patient slept soundly through the night following the operation.

The pins and twisted sutures were removed on the 25th, and strips of isinglass plaster applied instead. On the 28th some grumous blood escaped from the opening in the tumour. The patient was cheerful and happy. Things went on prosperously, the tumour diminishing in size, till the afternoon of the 3rd of November, when a sudden gush of arterial blood took place from the wound in the fore part of the neck, the ligature being still firm. The hæmorrhage was arrested for the moment, by plugging the wound with lint; but a considerable quantity of blood was lost. Hæmorrhage returned six times after this, and the patient finally sunk in a state of collapse, forty-eight hours after the first occurrence of the bleeding.

On examination, the ligature was found to have been placed close to the origin of the carotid from the innominate. It was not completely separated, a small portion of the external side of the artery still remaining entire. There had been no attempt at the formation of a clot, or if any had been formed, it must have been expelled with the blood.

The appearances of the tumour, are most minutely described by the author, as are also the relation of the vessels to the cyst, and the condition of the opening of communication between the carotid artery and the latter. It would be impossible to do justice to these details in the space of a short abstract; suffice it to say, that the author feels himself warranted in deducing, from the examination of the parts, the conclusion that the disease was originally a chronic abscess of a scrofulous character, and that the opening into the artery was consequent upon ulceration from without. The preparation of the parts, together with two drawings made from them in a recent state, were exhibited to the meeting.

The author relates, in confirmation of his view, the details of three other cases derived from the practice of himself and others, in which large arteries in the neighbourhood of abscesses were opened by ulceration.

[The debate which followed the reading of this case is reported in our last number.]

WESTMINSTER MEDICAL SOCIETY

March 12, 1842.

Dr. GOLDING BIRD, President.

FUNGUS HÆMATODES.—MUSKET BALL IMBEDDED IN THE SALIVARY GLANDS.—STRUCTURE, GROWTH, AND ABNORMAL POSITIONS OF THE UMBILICAL CHORD.

Mr. B. W. HOLT narrated the particulars of a case of fungus hæmatodes, affecting the external condyle of the femur and adjacent parts. The patient was a female, aged 14, and the disease ran its course in about four months. It began with a small red spot, which gradually increased in size as the tumour enlarged. Mr. White was consulted, and he passed a needle into its most dependent part, when about half a wineglass-full of a brown sanious fluid escaped; poultices had been applied over the tumour, and they were ordered to be continued, and the hydriodate of potash was given internally. No benefit, however, resulted from these measures, and Sir Benjamin Brodie was con-