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-

sulted upon the case. He gave his opinion that amputation was the only thing to be done, but at the same time held out no hope whatever of a cure being effected; under these circumstances Mr. White would not allow amputation to be performed. Shortly afterwards the skin covering the tumour became of a dark brown colour, and gave way, and a profuse sloughing discharge was set up; fungous granulations arose, but the patient soon sunk, worn out by the debilitating effects of the disease. A preparation of the diseased parts was upon the table. The superior and posterior surfaces of the outer condyle of the femur were completely destroyed by the ravages of the disease; and above this was an abnormal osseous growth, apparently arising from and connected by the periosteum to the posterior surface of the femur, so that two distinct morbid actions were in progress at one and the same time in this case, which, though terminating fatally, yet possessed many points of interest.

In answer to a question addressed to him by the President, Mr. Holt stated that there were no appearances of this malignant disease having attacked any other organ of the body.

Mr. FISHER exhibited a ball which he had recently extracted from the neck of a soldier, who served in the Spanish legion. It had entered through the jaw bone, and had become imbedded among the salivary glands, where it had remained for a period of near seven years. There was a deposit of phosphate of lime upon the ball, caused, most probably, by its having been impacted for so long a time among the salivary glands. The patient's tongue was now curled up towards the roof of his mouth, and he had lost all feeling in the lower jaw, but his taste was unimpaired, and there was no fistulous orifice remaining.

The PRESIDENT now called upon Mr. Streeter to bring forward his observations upon the umbilical chord.

Mr. STREETER said that he had not reduced his observations to writing, as the subject on which he was about to make some remarks, was one that could be elucidated by mere verbal description. There was no point more commonly remarked upon, than that he who would be a good and sound practitioner must be a good physiologist, and this had been proved to be true from the days of Hunter, to the time of Sir Astley Cooper. When any inquirer in medical science arrived at a new step in the knowledge of his profession, it was his duty to communicate it. Having recently met with a case of prolapsus of the funis, at that stage of labour when the os uteri was scarcely larger than a shilling, he took the opportunity of verifying the number of pulsations of the fetal chord, and of ascertaining whether Dr. Hamilton's statement respecting the slow pulse of the fetus was correct; he found the mother's pulse to be under 100, whilst that of the fetus was 120. The chord was coiled; he drew it down, but it retracted; this he repeated several times, and always with a similar result. He endeavoured to return it within the os uteri, but was unable to do so. The dilatation of the os uteri progressed slowly, the pulsation in the chord ceased, and the child was born dead. In reflecting further upon this subject he was induced to make some inquiries as to why, from the length of the funis, it did not more generally prolapse. In looking to the structure of the chord he found that it was longer in the human fetus than in any other animal, nor had he found that in animals the arteries of the chord were tortuous in their course. He believed that it was from the coiling up of the arteries in the chord that its twisted state was frequently caused, and when loose it was consequently coiled. The gravity of the chord was not greater than that of the whole body of the liquor amnii, the head carried down the chord, and the coil lifted it up out of harm's way. If the coil of the chord be looped, it did not generally descend below the head; but if it be long, it passed downwards, and formed those knots in the

chord which are occasionally met with. There was a plate representing this rare phenomenon in Moreau's Series of Obstetric Drawings, and there was a preparation of a similar kind in the museum of University College. The coil of the fetal chord was sometimes carried over the limbs of the fetus, and left an impression upon them; this fact was illustrated in that portion of the article *Fœtus*, relating to the amputation of the limbs in utero, written by Dr. Montgomery, in the "Cyclopædia of Surgery." The fetal chord was composed of two arteries and one vein, with the omphalo-mesenteric vessels and urachus. The proper vessels supposed to belong to the chord had been injected, and they had been supposed to have a covering from the chorion, which was not the fact; their proper covering was from the amnion. In the earliest stage of fetal development the chord formed a connecting link between the umbilical vesicle and the fetus; at a later period it became a part analogous to the alantoids of the chick; and at a more advanced stage of fetal growth, arteries proceeding from the fetus, reached the chorion, and formed the ultimate structures of the chord. But how did these vessels of the chord become coiled? It was found that, where there was an increasing resistance, the arteries became tortuous, but the fetus floated, and was capable of moving round, and this was the first cause of coil in these vessels, and as the fetus increased in growth, and became less movable, there was met with every variety of coil of artery around vein, and vein around artery. In a specimen of lymphatics of the chord, injected by Sir Astley Cooper, there appeared to be more lymphatics than any other structure, a fact on which he did not place much credit. The length of the fetal chord varied greatly; it might in some cases be only twelve inches, whilst in others it had been as long as forty-three inches, and in some rare cases had extended to fifty-four inches; he believed that a short chord was rarely met with. The earliest age at which he had noticed the coil in the chord was at the fourth month, but he believed that it might occur at an earlier period than this; Mr. Hughes had informed him of one case in which the chord was coiled around the arm and neck as early as the fourth month. Prolapsus of the chord was a rare occurrence; according to the best statistical data, it would appear to occur 199 times in 37,471 cases, or 1 in 200. There were two kinds of prolapsus of the chord; one where it became entangled below the head, and could not be passed up; and one where, having been above the head, it was forced down by the gush and escape of the waters; and this latter event might frequently occur. He had only met with two cases of the kind, and in one of these, there was a deformity of the pelvis; in the treatment of such cases, much would depend on the period of labour at which the prolapsus had occurred. Plugging the parts had sometimes been employed with success; but where the head was impacted, it was useless to attempt to return it. Version had been employed in such cases by some continental practitioners; and the result had been, that in one case in fifteen the mother had died, and in one case in three the child had been sacrificed; he should not consider himself justified in endangering the life of the mother in this manner. Sometimes, in these cases, the funis had been passed into the sacro-sciatic notch; he considered the hand the best instrument to be used in these cases, and that all other mechanical means should be avoided. If he were called to a case of prolapsus funis, he should first try if by twisting the chord he could return it as in a case of hernia; but all treatment must be modified according to the particular circumstances of the case. It had been stated that the late Sir R. Croft had, in some cases, been able to carry up the chord and coil it around the limbs of the fetus; but he had not heard what had been the peculiar presentations in these cases. Mr. Gifford had re-

ported twenty-three cases of protrusion of the funis, and in nineteen of these the children were dead, and in many of them the chord was pulseless.

Dr. JAMES REID had never met with a case of twisted chord in prolapsus. Occasionally, in rapid labours, he had noticed the twisting of the chord, and in performing version he had felt the same within the womb. Great variety of opinion was entertained relative to the twisting of the vessels of the chord; Velpeau ascribed it to the motions of the child, but the arteries being longer than the vein, it was necessary that they should be twisted in order that they might be contained in the umbilical sheath.

Mr. STREETER did not believe that the coil of the arteries of the chord ceased when pulsation ceased; when once the chord was coiled it retained it. When the arteries and vein of the chord could be first distinguished, they were of an equal length; this was opposed to the theory of the length of the arteries being a cause of their coil. He should be glad to know if any gentleman present could refer to the relative frequency of death of the child from prolapsus of the chord, accompanied with varying presentations. He considered that the statistics of midwifery were generally deficient in minute details. He should always date every improvement in midwifery from the period when good and accurate midwifery reports were published. He begged to draw the attention of the members present to a fetal preparation, put into his hand by Dr. Chowne, in which the chord was coiled around the neck at as early a period as the eleventh week.

Dr. CHOWNE considered that the subject brought forward by Mr. Streeter was an interesting one, whether viewed in a physiological or practical point of view. He considered it to be a singular circumstance that the funis presented so rarely; the theory of Mr. Streeter was a new and valuable one. His own experience would lead him to the belief that, where the child was alive, the funis rarely descended; but, where the child was dead, the presentation of the funis was a common occurrence; the rush of the liquor amnii downwards would tend to produce descent of the funis. He believed that a short funis tended to the production of a tedious labour. Where the head of the child receded much at the termination of a pain, it was generally found that the funis was short, and the placenta attached to the fundus uteri; in such cases as these he never hastened the labour, as it might produce premature placental discharge or inversion of the uterus. With respect to the treatment of protruded funis, pressure might be made upon it by a soft bag to facilitate its return, but he could not approve of such treatment; the operation of turning was improper, as nothing was gained by it, as the head and funis must even then be brought into contact; and it was necessary, in such cases, to weigh well all the symptoms present before any steps were taken to remedy so trifling, yet so important a deviation.

Several observations were then offered by members present, after which the society adjourned.

PATHOLOGICAL SOCIETY OF BIRMINGHAM AND THE MIDLAND COUNTIES.

At a meeting of medical gentlemen at the Waterloo Rooms, on the 8th of January, 1842, J. K. Booth, Esq., M.D., in the chair, this society* was formed, and the following laws were passed:—

1. The society shall be denominated "The Pathological Society of Birmingham and the Midland Counties," and shall have for its object the cultivation of pathological anatomy, particularly with respect to the diagnosis and treatment of disease.

2. That the society shall meet on the first Saturday in February, 1842, and shall continue to do so on the first Saturday in every month, at half-past six o'clock, p.m., precisely, and shall conclude on each evening not later than ten o'clock; at which meetings recent and prepared specimens of morbid anatomy, casts, and drawings, may be exhibited, accompanied with a description.

3. That the society shall have no claim upon any specimen presented; that all specimens shall be delivered at the place of meeting of the society by the person presenting them, and be taken from thence without any *expense* to the society, and shall be removed immediately after the meeting.

4. That accurate registrations of the specimens presented, and full reports of the proceedings of the society, shall be prepared and kept by the secretaries.

5. That each member of the society shall be permitted to introduce three visitors, so as to give students the advantage of being present at the meetings of the society; the names of the visitors shall be entered in a book kept for that purpose; visitors, however, cannot enter until after the private business is transacted, and members are requested to confine their admissions to gentlemen connected with the medical profession.

6. That any member, having a specimen to present, shall give notice thereof to the secretaries some time before the meeting; any person who is not a member, having a specimen to present, shall be allowed to do so through the medium of the secretaries.

7. That the society shall consist of members, two secretaries, and a treasurer, from whom a president shall be elected at each meeting.

8. That the secretaries and treasurer shall be elected annually by ballot, at the meeting in December, for the succeeding year.

9. That the first half hour of each meeting shall be devoted to the management of the affairs of the society, of which separate minutes shall be kept by the secretaries; and if there be more *private business* than can be arranged in the half hour specified, the members present shall have the power of adjourning it.

10. That no person shall be admissible as a member who has not a legal qualification to practice the medical profession.

11. That any person wishing to become a member of the society shall give notice *in writing* to one of the secretaries, and must be proposed by two members at one meeting of the society, and ballotted for at the next; at both meetings the president shall announce the name of the candidate from the chair, and he shall be ballotted for during that part of the evening devoted to private business; one black ball in four shall reject.

12. That each member of the society shall pay ten shillings and sixpence per annum, in advance, to the treasurer, who shall furnish, at the meeting in January, an annual report of the expenditure of the society, and also a record of the specimens, casts, and drawings, which may have been exhibited during the year, as well as an alphabetical list of the members.

13. That every member shall be considered liable to the payment of his subscription, unless he shall have given notice of his resignation, in writing, to the secretaries, previous to the meeting in December; otherwise payment of his subscription shall then become due, in advance for the succeeding year.

14. That three months' notice shall be given, in writing, and read from the chair at each meeting, previous to any proposed alteration in, or addition to, the laws of the society. All such questions shall be determined by ballot, and no alteration or addition shall be made, unless by consent of three-fourths of the members present.

Bell Fletcher, M.D., and D. W. Crompton, Esq., were elected the secretaries for the year 1842; and W. H. Partridge, Esq., Newhall-street, Birmingham, treasurer. Proposed by Joseph Hodgson, Esq., seconded by

* The society now consists of upwards of eighty members.