cent. of a yellow oil, about five ounces of which I lay before the Academy. Hence, in eating twenty-four pounds of maize, a goose takes in two pounds and a half of fatty matter, and we need not be astonished at the animals furnishing three pounds and a half, counting the fat which it had originally.

Hay contains 2 per cent. of fatty matter, and our experiments prove that cattle, while being fattened, and milch cows always contain less fat than the elements which they have consumed. With respect to the latter, however, the butter represents very nearly the proportion of fatty principle contained in the food of the cow, at least for the two substances just mentioned.

GALVANIC AND NERVOUS INFLUENCES.

M. Dumas communicated the following curious experiment of M. Matteucci, which had been repeated several times with success in presence of himself and M. Fleurens. Two frogs were prepared; from one the skin was removed; in the other there was merely left a single leg with a long nervous filament attached to it; the filament was then placed across the thigh of the first frog, and, on passing a galvanic current through the latter, so as to make its muscles contract, the leg of the second frog also contracted. When a plate of gold was interposed between the thigh of the one frog and the nervous filament of the other, the communication of electric influence between the two animals was interrupted, and no contraction took place; but a leaf of paper did not produce the same effect. The phenomenon now mentioned occurred in pigeons also.

ACADEMY OF MEDICINE.

October 25, 1842.

TREATMENT OF RHEUMATISM.

M. Briquet addressed a letter to the Academy, in which he announced that the sulphate of quinine in large doses is as efficacious in arresting the attacks of acute rheumatism as intermittent fever.

M. Martin-Solon remarked, that a very great variety of remedies had been employed in cases of rheumatism. Tartar emetic, in large doses, had been highly praised, but he preferred the nitrate of potass, which might be given in the dose of thirty-two scruples, during the day, without any inconvenience. The patients treated in this way experienced neither vomiting, nor copious sweating, nor diarrhoea, and in five, or at most eight days, the disease was subdued. He made these assertions on the experience of more than twenty cases treated with nitre.

THE HOUSE-SURGEON'S ACCOUNT

OF

MR. LISTON'S CASE OF ANEURYSM.

[We extract, without comment, Dr. Bucknill's letter from the last number of the "Medical Gazette."]

To the Editor of the Medical Gazette.

SIR,—Under the conviction that, by withholding from the public the whole truth of the following much controverted case, I should incur the imputation of moral cowardice, I venture to claim a small space in your just and temperate pages. A false precedent with a great name attached to it is as likely to be per-

nicious in medical as in legal science; and he who conceals the truth from motives of interest or fear is only less guilty than he who assiduously promulgates falsehood to screen himself from merited blame.

As house-surgeon to University College Hospital, under Mr. Liston, on the 20th October, 1841, I examined a boy who had presented himself a few minutes before that gentleman's visit. His mother attended with him, and gave, partly at that time, partly afterwards, the following short history of the case, which I copy verbatim from the hospital case-book as it was drawn up by the dresser for the week, Mr. Colchester:—

"George Anthony, aged twelve, admitted October 20th; has been a healthy child until, six years ago, he had measles and whooping-cough, which left him in a very reduced state. About two months ago he had a violent cough and much fever; at this time a small swelling was first observed just below the ear; it was soft, and might be easily and entirely dispersed by pressure. This was shown to the surgeon of the parish, who attended him, but as he gave no directions with regard to it, his mother applied fomentations and poultices. It has increased gradually and slowly until the last three or four days, when its progress was more rapid and irregular," &c. I examined it in the presence of some students, and expressed my belief that it was an aneurism. When Mr. Liston came at two, p.m., as the case was important I told him immediately "that there was a boy among the out-patients with a swelling in his neck, which seemed to me like an aneurism." Mr. Liston quickly came to the patient, and observed, "You don't get aneurism in boys like that." It was my duty to carry instruments. Mr. Liston asked for "something to make a puncture with." I offered an exploring needle; he said "he did not want a thing like that." I then offered a small tendon needle; he seemed angry, and produced from his own pocket several bistouries, from which he selected a full-sized one, and made with it an incision into the swelling in a perpendicular direction. Arterial blood spirted out by the sides of the bistoury. Mr. Liston observed it was "an anomalous tumor," and changing the position of his knife, held it horizontally, so that the sides of the incision were kept separate; the blood now came out in a thick gush; fainting quickly ensued, and the boy remained in an almost pulseless state for three hours. Mr. Liston closed the incision by means of three hare-lip pins and the twisted suture. There was not the slightest appearance of pus in the blood. The incision was not a small one, or made with a narrow bistoury; otherwise, why should three hare-lip pins and the twisted suture be necessary to close it? After the lamentable nature of the mistake became apparent, a student asked if a bruit had not been heard. I answered, "yes;" and Mr. Liston, after I had done all in my power to prevent the misfortune, attempted to attach blame to me for not having mentioned this symptom before. The reasons why I did not do so were—firstly, because, as a diagnostic symptom of aneurism, I believed it to be worthless; any unequal pressure exerted upon a healthy artery, as by a tumor, or by the stethoscope itself, will produce a bruit. And, secondly, because Mr. Liston permitted me to say but little on the subject. At my request alone he went to the window

to examine the swelling between the fauces, where I told him I doubted if a thrill were not perceptible. He turned away abruptly, and insisted on making the incision in the manner above stated. Surely, in my anxiety to prevent a mistake, I overstepped the bounds of my duty in saying what I did. It could not be my duty to instruct Mr. Liston in the nature of his cases. But to return. The incision was made at two, p.m.; reaction did not occur until five, p.m.; and from that time until four the next morning the swelling increased very much, becoming hard, tense, and blueish, and extending downwards to the clavicle, and inwards to such a degree as to produce great danger of suffocation by pressure on the trachea and larynx; the diffusion of the aneurism also threw great stress upon the pins. I sat up with the patient all night, little expecting he would survive until morning; the danger of suffocation, or of hæmorrhage from the giving way of the sutures, seemed so imminent. From four, a.m., until two, p.m., on the 21st, when the carotid was tied, the symptoms were less urgent. To quote from Mr. Liston's account of the operation, given in his pamphlet, "The great difficulty arose from the necessary smallness of the incision; the tumor extended downwards so low in the neck that it was impossible to extend the incision upwards, and the artery, which appeared to be at a very great depth from the surface, was to be sought for at the bottom of a small hole." The poor patient died of hæmorrhage from the wound of the operation at five, p.m., November 5. At the *post-mortem*, "the ligature was found to have been placed close to the origin of the carotid from the *innominata*;" "the proximal end of the vessel was quite open;" "there had been no attempt at the formation of a clot."

Much of the above detail may be thought tedious, but where different statements have been made it is necessary to be explicit. Mr. Liston has lately published this case in a pamphlet, entitled "On a Variety of False Aneurism," in which he attempts to prove that it was originally an abscess, and adduces several other cases in support of this explanation; but it is remarkable that none of the latter are in any degree similar to it. Two of them—namely, the third and the last, are plainly referable to diffuse inflammation of the cellular tissue, producing lesion of the arterial tunics; and the others to ulceration into an artery from the cyst of an abscess after the evacuation of the latter. Where is the proof that the aneurism in G. Anthony's case was ever an abscess? The swelling at first disappeared under pressure. Mr. Liston supposes that the pus which once filled the cavity was washed into the circulation by the current of blood. Now although pus is frequently without danger taken up by the absorbents, in which operation it probably undergoes a great change, when was so much as half an ounce or an ounce of that fluid ever known to be admitted immediately and at once into the circulation without fearful constitutional irritation, purulent deposits, and generally death? Yet no constitutional symptoms followed the appearance of the swelling in this case. Whether it was a true or false aneurism, according to Hodgson, or Scarpa, or others, *it was a cavity communicating with an artery and containing arterial blood*. Before it was opened it did not externally seem so large as a hen's egg, and was situated quite

high up in the neck, as is proved by its progressing so much between the fauces; and if the carotid had been tied immediately after the unfortunate incision the boy's life might have been saved. There is plenty of daylight after two o'clock at this time of the year; and if it were otherwise, an operation so urgently demanded ought to have been performed by artificial light. The circumscribed was converted into the diffused aneurism at two, p.m., but not until five, p.m., did reaction occur, and the swelling increase by blood being injected into the cellular tissue around; and after a delay of twenty-four hours the increase was so great that no chance of success was afforded to the operation. I know a case in which a popliteal aneurism was punctured by mistake, but the eminent surgeon who made it tied the femoral artery without delay, and thus did his best to remedy the blunder, without attempting to prove that the aneurism was a false one.

It is very unfortunate that Mr. Liston did not inform himself more correctly of the age of the patient, as he thinks the question of age so important in determining the nature of the swelling. The mother of the boy on two occasions stated to me that his age was *twelve years*, and I wrote that age on the card at the head of his bed. The card remains to prove it. The mother must have made the same statement to Mr. Colchester, as the hospital case-book testifies, and every student in attendance must have known the same fact.

I have been more nearly concerned in this unfortunate case than any other person, except Mr. Liston, no hostile feeling towards whom has prompted this publication of a simple truth. If any other public officer had pursued the same line of conduct, I should have thought the same plain duty alone remained to

Your obedient servant,

JOHN CHARLES BUCKNILL, M.B., M.R.C.S

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College Hospital, &c.

8, Westbourne-place, Eaton-square.

MR. LISTON AND THE MEDICO-CHIRURGICAL SOCIETY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Mr. Liston's paper having excited some talk, especially from the trickery about its distribution, I think it may not be unacceptable to mention some circumstances which have come to my knowledge respecting the proceedings of the council of the Royal Medical and Chirurgical Society with reference to that paper. It was read in the usual course, and it was referred to two distinguished surgeons to report on the propriety of publishing it in the Society's Transactions. One of the reporters, the elder, and it may be said the most distinguished, recommended that it should not be published; the other gave a very hesitating opinion in favor of publication. Those reports were read to a council of thirteen members, two of whom were eminent surgeons, not reporters. A discussion ensued, a ballot was taken, and we believe two balls only were found among the ayes. The reasons for declining to publish were, not that the paper was wanting in interest, but