healthy, no great difficulty was anticipated in the removal of it. The tender age of the patient seemed to call for delay; but satisfactory evidence having been afforded of the power of infants to endure operations, it was thought expedient to operate at once, rather than wait for the process of dentition, or until a later period, when consciousness would add mental to physical suffering, and when the disease might have become so extensive and consolidated as to render the removal more hazardous and difficult.

The contingencies were explained to the parents, and a few days after the consultation, the operation was performed in the presence of several professional men.

The child being laid on her right side, the greater part of the skin covering the tumour was included between two elliptical incisions; the dissection was then continued down on each side, to the neighbourhood of the axillary artery, and the tumour being removed, two or three small tubercles, varying in colour and density, were subsequently detached from the bottom of the wound. The quantity of blood lost was very inconsiderable, and the integuments admitted of the nicest adjustment; but before the operation was completed, the child had become pallid, was affected by spasms of the muscles on one side, and with strabismus, and, notwithstanding the most industrious attention, died in rather less than half an hour after the operation was completed.

The tumour consisted of separate cells, each having its proper coat, and the whole was surrounded by a common cyst, thickly studded by tuberculous bodies, varying in form, size, colour, and density. Some resembled the substance of the pancreas, whilst others were vesicular or hydatidal.

The interior of the principal cyst was divided by thin membranous septæ, which arose from the bottom to connect themselves with the sides by slender chords, and thus it was lined with a most complicated meshwork of membranous bands, and exhibited very much the appearance of the ventricles of the heart, though of a more delicate texture.

I think it right to place this unsuccessful attempt before the professional public, with the following brief remarks:—

1st, The examination of the tumour confirmed our previous opinion of the character of the disease, and of its probable consequences.

2ndly, The very small quantity of blood lost during the operation, shows that the child died from the shock given to the nervous system.

The last remark presents the question, How far is it expedient to operate on infants of such tender age? It was suggested to the consultation, that their irritability of

fibre, and the great vascularity of their skin, render infants peculiarly unfit to endure operations; but the experience of those present, as well as that of others, was in opposition to such conclusion.

It may be useful to observe that, in congenital deformities of the face, involving fissure of the superior maxillary bone, if the operation be delayed beyond a few weeks, aphthæ, vomiting, and diarrhœa, are apt to produce chronic inflammation of the mucous membrane; and that children, even when only a few days or weeks old, have not only borne the operation well, but have been more speedily and completely cured than at any other age. Some of the cases to which I allude, exhibited a very extraordinary and complicated character; and the gentlemen who witnessed those operations, and were also present at this, can bear testimony that a greater loss of blood and more suffering were endured in each, than in this unfortunate case, although the age of neither of the former patients exceeded a week. Many cases of operations on infants might be enumerated, in order to illustrate their power in supporting them, and also their subsequent reparative energies. But perhaps it will suffice to particularise those of Mr. Wardrop, wherein the carotid artery was tied, and those of Mr. Lawrence, operated on by ligature for the cure of important and extensive cases of navus.

Devonport, Jan. 1830.

LONDON MEDICAL SOCIETY.

MR. GOSSET'S REPLY TO DR. BLICKE.

To the Editor of THE LANCET.

SIR,—My letter, in answer to Dr. Blicke's first attack, having reached you too late for insertion in the last number of *THE LANCET*, I am, fortunately, enabled to reply to both of the Doctor's luminous epistles at the same time.

In the first, or that dated December 29th, he has thought proper to attack some errors he supposes me to have committed, in a discussion which occurred a short time previous at the London Medical Society. Feeble and ill-judged as that attack is, it is yet necessary to say a few words in reply, lest the misrepresentations of the Doctor should be mistaken for facts, and his propensity to blunder enable him to achieve an apparent triumph. He, it seems, with a spirit worthy the knight of the rueful countenance, feels himself called upon to break a lance in defence of Dr. Hodgkin, whose character he thinks likely to suffer from an

observation I made during the discussion were alluded to. Now, Sir, Dr. Blicke might have perceived, that the case put by me was entirely hypothetical, and Dr. Hodgson having declared (as he does in the letter I have inclosed, and which Dr. Blicke complains was not left with the registrar at Bolt Court for his inspection) he did believe the preparation to be an aneurism, no blame, either direct or implied, can possibly attach to that gentleman. The next and only remaining point of difference betwixt us in his first letter is, that he has kindly foisted upon me his own opinions respecting the nature of aneurism in general, an honour in this instance I am not inclined to accept. Thus, Sir, by a mistake which you, accustomed as you must be to witness the blunders of correspondents, will believe barely possible, he has made me to define true aneurism as consisting in "an enlargement of the whole of the tunics of the artery;" whereas this was the very opinion given by himself, and which I rose for the purpose of controverting, as is proved by the report of that discussion in a contemporary journal, and by the minutes read by our registrar on last Monday evening. That the misrepresentation here complained of should have been wholly unintentional, may be disbelieved by those who are not acquainted with the character of my opponent; but I, Sir, who am accustomed to his erratic style, entertain not the slightest doubt of the fact; indeed, Sir, although I have no great reverence for the learned Doctor's head, all I know of him leads me to believe he is a thoroughly kind-hearted and well-intentioned individual. In the present case, however, it is proper to explain, there was an additional inducement to blunder. Dr. Blicke, like many other persons of greater mental calibre, became intoxicated with success. Having, as he supposed, proved me wrong as to a matter of fact, and being anxious to leave no "rubs or botches" in his work, he determined to crush me by the weight of his erudition, and thus render his victory complete. For this purpose, Mr. Editor, he examined diligently the older authors for a case of renal aneurism, and, in the search, stumbled upon a general definition of aneurism, which you well know is divided by them, viz. the older authors, into true and spurious, a distinction which, being unfounded, has since been abandoned by the best modern authorities. Thus Scarpa states, "I have for many years past been in the habit of mentioning repeatedly to my hearers in the clinical school, that the history of this disease is still incomplete and defective; therefore, one of the principal objects which I have had in view in treating this important subject, was that of demonstrating the insufficiency of the doctrine which is commonly taught in the

schools of surgery, with regard to the manner in which aneurism is formed, and consequently the erroneous division adopted by writers on this subject, of aneurisms into true, spurious, and mixed, primarily false, subsequently false, and the like; for, after a very considerable number of investigations, instituted in the bodies of those who have died of internal or external aneurisms, I have ascertained, in the most unequivocal manner, that there is only one kind or form of this disease, viz. that caused by a solution of continuity or rupture of the proper coats of the artery, with effusion of blood into the surrounding cellular substance."—*Wishart's Translation*, 1808.

Hodgson, treating of the preternatural dilatation of arteries, writes thus: "Although this disease (viz. the *preternatural dilatation of arteries*) has been noticed by many authorities, and, indeed, by most of those who have considered the pathology of blood-vessels, it has constantly been *founded with aneurism*; and the want of an accurate acquaintance with its anatomy, has given rise to much of the dispute, in which the pathology of that disease has been involved." Again, pp. 5—9, "The root of an aneurismal sac, however, *never, or very rarely, occupies the whole of the circumference of the vessel, but commences on one side by a neck, which is, in most instances, narrower than the body of the tumour.*"

Lastly, Sir A. Cooper, in his lectures by Tyrrell, p. 43, in speaking of aneurism, and headed "Former Opinions," says, "Aneurisms were *formerly* supposed to be produced by the *dilatation* of the coats of an artery, and those which arose from wounds or lacerations, were called spurious; but Scarpa first clearly described that aneurism arose from absorption of the coats of an artery, and that, consequently, they are generally spurious," evidently meaning, according to the old definition. These quotations, I think, will be sufficient to satisfy my brethren of the profession at least, that the definition I gave of aneurism, viz. "that it originated in a destruction of the *internal and middle coats* of an artery by ulceration or injury," was somewhat more correct than Dr. Blicke's, who asserted that it depends upon "a dilatation of the *whole of the tunics* of the artery," an opinion which he attributes to me in his first letter, and afterwards reclaims in his second, as the following passages, taken from those letters, will prove:—First letter: "I perfectly agree, Mr. President, with your views of what true aneurism is, in opposition to Mr. Gosset, who is evidently confounding a rare disease mentioned by Hodgson, of *enlargement of the whole of the tunics* of the artery, with *true aneurism*, occasioned by the rupture of the *internal coat.*" Second letter: "It is

now necessary for me to state, that I here find that which Mr. Gosset asserted at the discussion, that which contradicts his accusation against me, of putting my words into his mouth; for Scarpa contains what I charge him with saying, that which I have repeated in my letter, that which I have denied and still deny to be truth; and that which he evidently does not at this moment understand, or he could not flounder about as he does; viz. that the *sac of an aneurism*, as it is commonly met with, is formed by *condensed cellular substance, without the dilatation of the coats of the artery*." Now, Sir, if these passages are compared together, both of which are copied *verbatim* from the Doctor's own letters, it will at once be seen that, in the first, he makes me say that true aneurism depends upon an *enlargement of the whole of the tunics* of the artery; and, in the second declares, that I have always maintained "the sac of an aneurism is formed of condensed cellular substance, *without the dilatation of the coats of the artery*," a contradiction so palpable, that nothing less than the ingenuity of the Doctor can reconcile it. Having thus disposed of the first letter, and in part also of the second, I shall proceed briefly to notice the few remaining points in the latter, which appear to require comment.

Here, Sir, I cannot refrain from complimenting the Doctor on the grandiloquous style in which he commences, reminding me, as it does, of the itinerant merchants, who perambulate the streets of Constantinople, hawking, in the name of the prophet, Figs! Thus he asks, Is the fiat of the surgeons of Guy's, and one or two M.D.'s, without argument, and, Sir, without examination being granted to any one else, &c. &c. &c., to be the dictum to which we are to bow? I am sorry, having found occasion to praise his style, I cannot think highly of his ingenuousness, for he evidently wishes it to be inferred; 1st, That the question, as to the morbid appearances, has never been fairly discussed; and, 2dly, That he, Dr. B., has not been allowed to examine the preparation for himself; either of which inferences would be equally delusive, the time of the society having been occupied during several successive evenings in the consideration of this question, not a single individual, with the exception of Dr. B., having expressed a doubt of its being a genuine case of aneurism, and he having been permitted, with a courtesy highly creditable to Dr. Hodgkin, to take the preparation from the spirit, and examine it in his own hands. That it was not a second time taken out of the spirit,—I beg pardon, disinclined from its "crystal walls," I ought to have said,—is perfectly true. Had the Doctor any right to expect that it should, at the risk of spoil-

ing the preparation? The truth is, Sir, a great deal of time has already been wasted in discussing this matter, which, as a pure question of fact, can be decided by evidence alone. Under this conviction, Dr. B. being dissatisfied with the decision of the Fellows of the Medical Society, reference was made to Dr. Hodgkin and the surgeons of Guy's; and if Dr. B. will point out any fairer mode of deciding the question, I will willingly adopt it. The next subject of complaint is, "that the preparation had been re-dissected," as if by such dissection an aneurism had been manufactured; and then, Sir, I am accused of no less a crime than taking to myself "all the merit of having elicited renal aneurism," a crime, no doubt, of a very serious kind, the nature of which, however, I do not understand, and am therefore unconscious of having perpetrated. I may now, I think, take leave of the Doctor, with the conviction of having completely proved, I trust even to the satisfaction of your unprofessional readers of Walthamstow, to whom he it recollected Dr. B. thought fit to appeal, my perfect accuracy, both as regards the particular case I had the honour of describing to the London Medical Society, and also as to my knowledge of the general formation of aneurism. As a proof of the thoroughly kind feeling I entertain towards the Doctor, I beg to advise him, forthwith to renew those anatomical studies he has so long neglected (I think he once stated 30 years); and having made himself intimately acquainted with the structure of the body in a state of health, a moderate degree of experience will enable him to give more correct opinions respecting the changes induced by disease.

I am, Sir, your obedient servant,

M. GOSSET.

George Street, Mansion House,
January 16.

ON THE UNIVERSITY OF EDINBURGH.

To the Editor of THE LANCET.

SIR,—The observations which have appeared from time to time upon the Scotch schools, in the fearless and independent columns of THE LANCET, are just, but infinitely too gentle. Switchings with a hip briar, must be exchanged for thundering blows with a sledge-hammer.

Nothing can exceed the disgust and dissatisfaction of liberal and enlightened individuals, who have pursued their studies at the superior schools on the continent and in Great Britain, at the whole complexion of this once-celebrated school of medicine.