in their younger days. But the answer to this is, that reference to one's own personal experience in a matter of this kind is a very doubtful test of the truth; that our art since the days here spoken of has undergone a complete revolution in its principles; and that medicine in the past history of its practice, and at the present moment, teems with facts, which painfully demonstrate how feeble is the support which theory receives from the mere personal convictions of men, however highly and justly celebrated. And under this head may be mentioned the undoubted fact, already referred to, that there are still a numerous body of practitioners, especially of the old school, and therefore of the largest experience, who assert that great mischief results from the general omission of venesection. If men, they say,—*semper in extremis*,—bled overmuch in former days, they equally err now in running into the opposite extreme; and it is curious indeed to remark, that physicians who thoroughly supported (as it would seem from the reported discussions on this subject in Edinburgh) the opinions of Dr. Alison, were the very men who mourned over the departing shadow of phlebotomy. These physicians asserted that they were continually witnessing the ill-effects which resulted from the novelty in practice, and added that they often did not bleed, although their conscience pricked them on to do so, because authority was against them, and because the public, chiming in with authority, could not be induced to present a ready vein for their lancet.

Besides this, it is worth remembering, as before stated, that the school of bleeding still finds general support amongst the practitioners of medicine in the army and navy; and I suppose it is practised in their cases for the very reason that it was practised by Cullen and Gregory—viz., because the cases are thought to demand it, and because experience convinces the said practitioners that their patients are benefited by it.

Also it is certain that all our standard authorities, in their account of the treatment of inflammatory diseases, have to the present period—and certainly down to a date long posterior to the times when diseases are reported to have shown a change in type—recommended venesection just after the manner of Cullen and the ancients. If I turn to the most standard text-book in England, the classical work of Dr. Watson, published in 1848, (and be it remembered that Dr. Alison marks the change of type as dating from the beginning of the century,) I find abundant proofs of the truth of the remark. In speaking of the treatment of pneumonia, Dr. Watson says of venesection: "Certainly the amount of the best experience, ancient and modern, is strongly in favour of its free, and I might almost say, its prodigal employment."

Neither is there any argument in favour of such a change to be derived from any supposed deterioration of the human body beyond that kind already spoken of, (and assuredly the fact, if true, would indicate a comparatively enfeebled condition of the system;) for human life is in this country, upon the whole, certainly of greater duration now than in the days of Cullen.

Passing by, then, this theory of a general change of type in diseases, as unproven and as incapable of proof, I would ask, May there not be suggested other reasons sufficiently valid to explain this altered method of treatment—this abandoning of the wholesale bleedings of former days? The answer to this question I will endeavour to give in my next paper.

(To be continued.)

FALL ON THE EDGE OF A BROKEN DISH, WOUNDING THE NECK AND SEVERING THE COMMON CAROTID ARTERY;

LIGATURE OF BOTH ENDS, WITH RECOVERY.

By GEORGE D. GIBB, M.D., M.A., L.R.C.S.I., &c.

THE simple narrative of the following case will, I have no doubt, prove of some interest to the readers of THE LANCET. The injury was the result of an accident, and created great excitement amongst the inhabitants of the immediate neighbourhood of its occurrence. The patient was seen by several medical practitioners, whose names it will not be necessary to mention; it is sufficient for me to state that she was under the immediate care of Mr. Statham, of the Great Northern Hospital, Mr. Whidborne, and myself, upon whom the medical care of the case devolved.

Miss Q—, forty-five years of age, of robust frame, and en-

joying excellent health, met with the following accident on August 29th, about noon: whilst carrying in her hands a brown earthenware dish, containing an uncooked pudding, the point of her foot caught in a hole in the carpet, she stumbled, the dish fell to the floor, breaking into pieces, and she fell forwards, striking the right side of her neck against a piece of the broken dish, which entered the skin below the level of the upper part of the thyroid cartilage, and wounded the common carotid artery. The right temple was also struck and bruised. On receiving these injuries she called out, was raised, and complained only of her right eye; her neck, she said, was nothing, but her father, seeing the blood pouring from the neck in a large stream, had the presence of mind to hold the sides of the wound together till assistance was procured. In about fifteen minutes it arrived, but during that short time, notwithstanding the precaution employed, upwards of two pints of arterial blood were lost. The wound, about an inch long, transverse in direction, was closed, the neck bound up, and the hæmorrhage ceased. She remained quiet till between three and four o'clock, when she suddenly vomited, and a gush of blood poured from the wound, which now commenced to flow in a large stream; the bleeding was again controlled by her father, whilst waiting for assistance, with the loss, however, of four pints of this vital fluid.

Mr. Whidborne, who had been sent for, arrived with Mr. Statham at half-past four P.M. The latter gentleman found a very free arterial gush from the wound; the finger introduced into the wound could be directed in almost any course in a ragged cavity, perhaps three inches in length and breadth, and from one to two inches deep. He enlarged the wound in the course of the carotid artery, removing pieces of mastoid muscle and clots of blood, and discovered the source of the hæmorrhage to be the main trunk itself. At this time he found it impossible to wholly compress the bleeding vessel and control the hæmorrhage without further assistance. I accordingly was sent for, and managed, with the ends of my two fore-fingers, to completely check the escape of blood. The dissection was proceeded with, the wound still further enlarged, and the trunk of the common carotid was got hold of and tied, immediately controlling all bleeding; this was effected about an inch and a half above the sterno-clavicular articulation. On tracing the sheath further upwards and slitting it up, the vessel was found to have been torn across in an irregular and jagged manner, the upper end having retracted for upwards of an inch and an half. This was only got hold of by further dissection and enlarging the wound upwards, when its presence was revealed by a gush of blood, and it was immediately secured within its sheath. The wound was left open, and a piece of cold wet lint applied over it. As much blood was lost up to the time of my arrival as before Mr. Whidborne came—namely, four pints, making not less than eight pints altogether since the act of vomiting.

The patient was now very cold and pulseless, the breathing was almost indistinct, and she lay motionless. Small quantities of stimulants were given at intervals, such as brandy and beef-tea. At ten P.M. her pulse was 96, very feeble and weak; reaction set in after midnight, and next morning the pulse was 100. She was frequently troubled with retching, but the stimulants were persevered with.

On the 30th, at half-past ten A.M., the pulse was 96, 100 at four P.M., and 120 at half-past nine P.M. The wound was dressed with lint soaked in a lotion of chloruret of soda.

31st.—Half-past twelve A.M.: Somewhat restless in the night, from retention of urine at its commencement, which was removed to the extent of two pints with a catheter. Pulse 120, and soft; complains of sternal pain. — Nine P.M.: Urine again drawn off, and to be repeated every morning and evening; pulse 112, softer and fuller; wound now suppurating. To have an enema to-morrow morning; stimulants and plenty of nourishment to be continued.

Sept. 1st.—Slept badly; pulse 116, and weaker, which, however, became stronger towards evening, and 112; urine high coloured; bowels relieved by enemata this morning; some pain on deglutition. To have an anodyne draught of 40 minims of morphine at bed-time.

2nd.—Slept uninterruptedly five hours during the night after the anodyne; can swallow better; pulse 112, fuller and softer, occasionally intermittent. Nutrient enema this morning of a pint of beef-tea, two ounces of wine, and some laudanum. To have two pints of nutrient enemata with four ounces of wine morning and evening, and the following draught three times a day: one drachm of the tincture and one ounce of the decoction of cinchona, and twelve minims of dilute nitro-muriatic acid. Her urine was slightly turbid.

3rd.—Three motions during the night, and one this morning, the first partly solid, and all natural; wound freely suppurating and looking healthy; pulse 112. Speaks to-day for the first time; countenance clear; position changed.

5th.—Had a little hæmorrhage from the wound, from turning in bed and coughing. Gallic acid ordered instead of the mixture.

6th.—Pretty severe vomiting last night, which had no effect on the wound; she slept well. Regimen continued, with eggs, oysters, milk, beef-tea, &c.

7th.—Pulse 100; wound healthy. The two-pint enemata to be diminished to one pint, and to have some solid food, as meat-pap.

10th.—Pulse 92, getting stronger; she eats with a relish; wound granulating, and dressed with dilute nitric-acid lotion; urine small in quantity, and highly ammoniacal. To have a mixture of chlorate of potass, one drachm; spirits of nitric æther and tincture of henbane, of each two drachms; dilute hydrochloric acid, one drachm and a half; water, eight ounces: a table-spoonful to be taken three times a day.

15th.—The urine was clear the following day, and the catheter was used for the last time on the 11th; sleeps well; pulse 88, regular and soft; health good; takes plenty of nourishment, besides wine. The ligature of one of the small vessels came away on the 13th.

19th.—Wound much contracted, slightly gaping at the bottom, but cicatrizing rapidly. Cold water dressing.

23rd.—Not an untoward symptom up to this time. She sat up in bed yesterday, and to-day over its edge. Main ligatures pretty firm.

Oct. 3rd.—The upper ligature came away to-day—the thirty-fifth day. The edges of the wound are almost close together. Eats and sleeps well, and walks about.

16th.—The lower ligature came away to-day, the forty-eighth day, on rather strong traction. Its detachment produced a snap in her ear like the breaking of a fiddle-string. Had a little retching in the afternoon; and for the last few nights she has been free from weight at the back of the head, which has troubled her so long.

She was now convalescent, the wound having closed. Her recovery was perfect, and she left for the country on the 28th of October.

During her illness, large quantities of wine and brandy were given, with plenty of the most nourishing diet, her strength being supported and sustained in every possible way. These were aided by a good constitution and much patient endurance on the part of the patient herself. She had no head symptoms, but felt her right arm stiffer and weaker than the left; the pulse, moreover, throughout to the present time, has been almost double the volume of the left.

Remarks.—Anyone familiar with the phenomena of hæmorrhage is well aware that so large an amount of blood cannot escape, in so short a space of time as occurred in this patient, from the wound of a small arterial trunk. Let the wound be never so small, or even allow that the hæmorrhage is easily controlled by simple closure of the wound, still the evidence stands before us that upwards of two pints of blood had flown very rapidly from the wound. This points very clearly to the fact of a main arterial trunk being wounded; and the first duty of the surgeon should be boldly to ascertain the true source of the bleeding. This being done, his course is then clear as to any ulterior proceeding. Without casting reflection upon any person, it may be truly stated that an oversight was committed in the early treatment of this case, by remaining contented with the arrest of bleeding by simple closure of the wound with adhesive plaster, the knowledge of the large amount of blood already rapidly lost we will suppose borne in mind. The act of coughing, some hours after, reopened the wound; and although assistance was speedily procured, about a gallon of blood had escaped before the proper steps of tying the severed vessel were completed. This might have been prevented had the bleeding vessel been secured at first. The wonder is that the patient rallied from her extremely exhausted condition; but she did so, and made a most excellent recovery.

Queen-square, October, 1857.

GLASGOW MEDICAL SOCIETY.—At a meeting of the Society, held on the 3rd inst., the following gentlemen were unanimously elected office-bearers—namely, Dr. J. G. Fleming, President; G. Watt, Esq., and Dr. W. Brown, Vice-Presidents; Dr. Robert Parker, Treasurer; Dr. Alex. A. Macdowell, Secretary.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Procrumium.

ST. GEORGE'S HOSPITAL.

ANEURISM BY ANASTOMOSES OF THE LEFT EAR OF A YOUNG MAN, TREATED BY THE ELECTRIC CAUTERY.

(Under the care of Mr. PRESCOTT HEWETT.)

A GLANCE at our "Clinical Records" will show that we have fully illustrated the subject of nævi, vascular tumours, and aneurisms by anastomoses, especially in young children. All these are congenital, and attributed to various causes by the mother; and if not eradicated in early life, may become very troublesome in later years from their increased size, and also from the difficulty experienced in causing their dispersion. The reason why comparatively so few of these anastomotic aneurisms are seen in adults is from the fact of the parent taking the child to have it removed generally when an infant. We were therefore somewhat interested in a case of the kind which was admitted into this hospital at the commencement of the present month; the seat of the tumour being the ear and behind it. The patient, as we were informed by Mr. Hewett, was twenty-three years of age, a healthy-looking young man, with a congenital tumour. At the back of his ear, over the mastoid process, ran upwards a number of thick vessels, somewhat prominent, one of which, of the calibre of the radial, consisted of the posterior auricular, in which strong pulsation was felt. Springing from and, in fact, filling the entire concavity of the fossa innominata of the pinna, was a tumour the size of a robin's egg, strongly pulsating, filled with vessels of a deep pink colour, and turning crimson when chloroform was given. The fossa was widened out by this tumour, and, from its extension downwards along the edge of the pinna, the ear assumed a broad appearance. The lobulus was increased in extent, from before backwards, to an inch and three-quarters, the increase being pulsatile. The nature of the affection was, however, clearly apparent, and was a good example of aneurism by anastomoses. Mr. Hewett determined to use the electric cautery to destroy the substance of the tumour. On the 5th inst. chloroform was given, which the patient bore well, but was uneasy and timid at first; this, however, wore off, and he became completely under its influence. A wire was now passed through the base of the tumour in the fossa innominata of the pinna, and was allowed to cut its way through during incandescence, when the two poles of the battery were connected. This proceeding was by no means satisfactory; the wire was too long between the terminal ends of the poles, and the consequence was a sort of sawing motion, with separation of the tumour into two portions. This was followed by the most profuse bleeding, which could not be checked until, finally, a hare-lip pin was passed through the base of the tumour and its two halves tied separately. Before this was done, however, the heated platinum wire at the terminal end of the cauteriser attached to the electric battery was freely introduced into various parts of the vascular growth, but without producing any positive effect. Lint steeped in the perchloride of iron was equally ineffectual to control the bleeding, which ceased on tying the base of the tumour, as already mentioned.

The case, Mr. Hewett said, was one of a dangerous and perplexing character, especially from the enormous bleeding. In these vascular tumours about the face and neck, years ago it was thought necessary to tie the carotid artery. Some surgeons have actually tied both carotids without success; the tumour has then been cut off, and in an instance of the kind not less than forty vessels were ligatured on the surface. There is great danger at all times from tying this great vessel, and therefore one is glad to try anything, especially when expe-