

round the left bronchial tube, and if at all large, that tube is flattened. When the aneurism arises from the posterior wall, as it does in one-half of these cases, it presses upon the bodies of the vertebræ and absorbs them into its wall; it passes upwards rather than downwards, and may even extend, step by step, over to the opposite side. The great splanchnic nerve is literally woven into the sac, and, in consequence, we have pains going to the epigastrium and a difficulty of swallowing, referred, not to the seat of the tumour, but quite behind the lower end of the sternum, while an earlier symptom is a dyspepsia most painful and uncontrollable. Difficulty of swallowing often occurs also from direct pressure on the œsophagus, which may become incorporated with the sac. Pain is often present in the tumour itself, but not always, and not much stress is to be laid upon its actual character. In the few cases in which the aneurism becomes visible, it invariably points at the first rib, and thence travels downwards to the second space, or even lower. There is more or less dulness on percussion and bronchial breathing above the left scapula, and, very uniformly in Dr. Sibson's experience, increased vocal fremitus. A husky voice, laryngeal respiration, a very faint murmur, exaggerated heart-sounds, and enfeebled breathing over the left lung, complete a group of symptoms scarcely referable to anything else.

The symptoms of aneurisms of the thoracic aorta below the arch depend upon their position. Those of the upper end have the characters of the aneurisms last described, and in all there are the same effects upon the abdomen—pain, affections of the stomach and intestines, and not unfrequently obstinate constipation.

The reason why a murmur in these cases is sometimes present, sometimes absent, was correctly pointed out by Sir Dominic Corrigan in *THE LANCET* for 1829. The looseness of the sac favours a murmur. When tight, nothing is heard but the sound of double pulsation. Some experiments of Dr. Sibson's fully confirm this statement.

The leading points in the treatment of these affections are—to keep up the nutrition of the patient, to relieve pain, and to lessen the force with which the heart sends the blood into the sac. The latter may be accomplished, first, by rest, and, secondly, by reducing the volume of the blood upon which the heart has to act. As far as Dr. Sibson's experience goes, this may be done with absolute certainty by bringing the quantity of the liquid down to not more than a pint a day. Every case submitted to that treatment experienced the value of it. In one instance in which the liquids had been thus limited with benefit for several months, the patient's resolution gave way during a hot summer; he quenched his thirst by large quantities of water, and in two days the aneurism burst.

## Correspondence.

"Audi alteram partem."

### THE MEDICAL COUNCIL.

To the Editor of *THE LANCET*.

SIR,—I trust to your sense of fairness to correct an error in this day's *LANCET*. It states that "the general practitioners of this country" have been "almost insulted" by the Medical Council; "their great Memorial, signed by nearly 10,000 practitioners, was only entered on the Minutes (of the Council) after a division."

This is a mistake. The motion to insert that Memorial on the Minutes was agreed to by the Medical Council without a dissentient voice. The gentlemen presenting the Memorial were received by the Council with all due courtesy. They were invited to express their opinions as fully as they pleased, and they did actually give explanations in answer to questions put to them by the Council.

I am, Sir, faithfully yours,

G. E. PAGET, M.D.,

Cambridge, April 2nd, 1870.

President of the Medical Council.

\* \* Dr. Paget very skilfully—we will not say slyly—uses a very slight inaccuracy in the language of our complaint of last week, the substance of which, as we shall show, was too well founded. The President and other

officers of the Medical Reform Union forwarded a communication to the General Medical Council at its late meeting on the subject of medical reform, intimating that the signatures to the Memorial concerning the amendment of the Medical Act had gone up in number from 5200 (in July, 1869) to 9724, and containing an explanatory statement of the views of the Union. Be it understood that these gentlemen had, at a meeting in Birmingham, been deputed to represent the memorialists, at which meeting the Union was formed, and these gentlemen were appointed to be its executive. For the first time, then, these gentlemen addressed the Council in a communication representing nearly 10,000 practitioners, and this communication—we meant last week to say—was received in a way almost insulting to the profession. It would have been better if Dr. Paget had discussed the reception of this communication—either justifying it, or expressing his regret for it. Instead of this, he takes advantage of a slight inaccuracy in our words, which makes them to apply to the reception by the Council of the Memorial in 1869, rather than to its reception of the communication in 1870, when alone the number of the memorialists had reached to nearly 10,000. We will not dwell on the treatment of the Memorial in 1869, though even then one member of the Council had to correct another for disparaging the signatures to the Memorial. But, we repeat, the communication in 1870 was received in a way almost insulting to the profession. We will not try to define the feeling which was conveyed to ourselves during the reading and discussion of this communication. We will refer to our own reports, and give the resolutions from the published Minutes of the Council, which will fully justify the language which we used last week. One gentleman, Mr. Cæsar Hawkins, asked what the Medical Reform Union was! Another, Dr. Aquilla Smith, suggested that the Council should proceed to its next business! Dr. Andrew Wood thought the Council would be acting very unwisely if it did not receive memorials from the profession with every mark of respect. He hoped the communication would be entered on the Minutes. Now followed a division as to whether this communication should be entered on the Minutes or not. The following is an extract from the Minutes:—Moved by Dr. Embleton and seconded by Dr. Quain: "That the communication from the Medical Reform Union be entered on the Minutes." Amendment, moved by Dr. Fleming, and seconded by Dr. A. Smith: "That the Registrar be instructed to inform the memorialists that their communication has been received and read to the Council." The amendment was negatived; the motion was carried. We say that the tone of this discussion was anything but respectful to the profession. We think our readers will agree with us that this has been too much the tone of the Council throughout its whole history, and especially whenever the profession has asked for representation and recognition.—Ed. L.

### A NEW RETENTIVE CATHETER.

To the Editor of *THE LANCET*.

SIR,—On March 28th, 1870, I exhibited at the Medical Society of London a new form of retentive catheter, which possesses the three essential qualities required for general use, viz.:—1. It is easy of introduction. 2. It is easy of retention. 3. It is easy of withdrawal. It consists of a French vulcanite catheter, through which a string is passed, emerging at a clean hole an inch and a half from the point, and then, bridging over the usual opening for the urine, is inserted securely at the point.

The opening for the urine is punched one inch from the point, and is on the opposite aspect of the tube to the usual hole. The handle consists of a leathern collar, with a slot in it, a knot in the string, and a plug on it.