existence; but in the older operation of puncturing the bladder through the rectum I have the greatest confidence; the relief afforded by the former procedure is only tentative, and unless the cause of the obstruction is overcome, its necessitated frequent repetition must certainly have a more or less baneful physical effect; whereas the latter operation is directly and permanently salutary, and the possibility of a recto-vesical fistula being established is in my experience a mere bugbear, an assertion of mere theoretical manufacture, the practical proof of which is wanting.

GLASGOW ROYAL INFIRMARY.

WOUND OF THE POSTERIOR TIBIAL ARTERY; LIGATION OF VESSEL; RECOVERY.

(Under the care of Dr. JAMES WHITSON.)

DUNCAN R—, aged fifty-six, calico printer, was admitted to Ward 29 on the morning of July 9th, 1887, in consequence of an incised wound about an inch in length on the inner aspect of the middle third of the right leg, and which had been accidentally caused by a sharp knife while at work. Copious hæmorrhage followed the reception of the injury, and after some delay an elastic rod was placed above the knee by an ambulance detachment to prevent further loss of blood during the subsequent journey to the hospital, the scene of the accident being several miles from the town. Dr. Whitelocke, the house-surgeon, when called to attend to the case, found the patient faint and weak, and complaining greatly of the pain produced by the presence of the elastic rod, which had been tightly compressing the limb for nearly a couple of hours. He therefore at once relieved the sufferer as far as he could by substituting an elastic bandage, and during the brief interval which elapsed in exchanging tourniquets it was evident from the amount of bleeding which ensued that the posterior tibial artery had either undergone a partial severance or been cut across. The knife, too, had penetrated to a considerable depth, for on making an examination of the wound the finger could follow the track made by the blade almost to the outer side of the limb.

In such a case, involving an important arterial branch, it was clear there was only one course to pursue—to cut down on and secure the bleeding points, and with this end in view the primary incision was enlarged to the extent of two inches and a half. The soleus muscle at its attachment to the border of the tibia was divided, and the inter-muscular space reached. On separating the muscles the artery was seen lying in the deep part of the wound with the nerve beside it, and when fairly exposed it was found that a slit of some size had been made in its wall, while an inspection of the venæ comites revealed the fact that they were similarly affected. Under these circumstances the artery was gradually separated from its attachments, and when sufficiently isolated a catgut ligature was applied above and below the seat of lesion, after which complete division of the parietes of the vessel at the injured point was effected with a pair of scissors. The veins were next dealt with in like manner. The elastic bandage having been removed, a number of sprouting twigs were secured, and when all hæmorrhage had ceased, with the exception of a little capillary oozing, a couple of decalcified drainage tubes were inserted at either end of the wound, and the fibres of the soleus approximated by means of a purse-string suture of catgut. Finally, the edges of the skin were brought together with stitches of the same material, and the whole dressed in the usual antiseptic fashion.

The wound was not looked at till ten days after the operation, when it was found to be healing satisfactorily, and though the patient was much depleted at the time of the accident he ultimately made an excellent recovery, and was dismissed well on Sept. 7th. I have since heard that he now suffers no inconvenience from the ligation of the posterior tibial artery, and is able to follow his usual avocation as successfully as ever.

MR. J. A. CROWE, Her Majesty's Commercial Attaché for Europe, reports to the Board of Trade that the French Legislature has recently passed a law enacting that a prize will be given to the discoverer of a simple and practical test to ascertain the presence in spirits and alcoholic drinks of substances other than pure and ethylic alcohols. The conditions under which the award is to be made will be determined by the Academy of Sciences of the French Institute.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

"Idiopathic Dilatation of the Colon."—Embolism of Right Axillary Artery.—Tricuspid and Mitral Stenosis.—Heart Disease of prolonged duration.

An ordinary meeting of this Society was held on the 27th ult., Dr. W. H. Broadbent, F.R.C.P., President, in the chair.

Dr. ANGEL MONEY and Mr. S. PAGET contributed a paper on a case of so-called "Idiopathic Dilatation of the Colon." Mr. M—, aged fifty-five, an habitual drunkard, suffered from enormous distension of the colon, with dyspnoea and bronchitis; the girth was over sixty inches, and the measure from the ensiform cartilage to the pubes twenty-six inches. There was albuminuria. He was treated first by Mr. Paget at St. Thomas's Home by repeated punctures. These gave great relief; he improved so much that he refused further treatment, and returned to his drunken habits. He was admitted into University College Hospital a week later, under Dr. Angel Money, with the same enormous distension, lividity, and dyspnoea. He was much relieved with the long rectal tube, but sank and died a week after admission. At the necropsy all the signs of habitual drunkenness were found, including typical "hobnail" liver. There was enormous distension of the colon, principally of the sigmoid flexure, which formed two huge sacs extending right across the abdominal cavity. There was no organic stricture. Dr. Money thought that a potential twist of the sigmoid flexure or a spasmodic stricture may have been present; or else that some morbid state of the blood or nerves, or the mere presence of an excess of gas, may have started the disease. The bowel was hypertrophied as well as dilated. He refers to Dr. Gee's paper in the St. Bartholomew's Hospital Reports, and to Dr. Goodhart's case (Clin. Soc. Trans., vol. xiv.)—Dr. HADDEN inquired whether there had been habitual constipation. He referred to cases published by Drs. Bristowe and Peacock, and related two cases which he had observed himself. The first occurred in a girl, aged seventeen, who had severe abdominal pain and constipation of ten days' duration, unrelieved by purgatives. Abdominal section was performed, but no obstruction discovered. The sigmoid flexure was enormously distended, measuring twelve inches in circumference at the necropsy. In this case there had not been a history of chronic constipation. In the case of a female, aged thirty, suffering from mucous discharge, the sigmoid flexure was greatly distended with fæces. Although the patient complained of diarrhoea, yet no fæces but only slime was passed. She recovered under treatment.—Sir DYCE DUCKWORTH mentioned a case of enormously distended cæcum, causing tympanites and constipation; the rest of the alimentary tract was normal.—Dr. EWART inquired whether the omentum was adherent or displaced into a hernial sac, or in any way abnormal, for he believed that the omentum was answerable for many cases of dilated colon. The colon was distorted by traction or adhesion, and a valve-like obstruction thereby formed. As a physical property a small volume of gas rapidly generated assumed a large volume very quickly, owing to the development of heat.—Dr. PEARSE considered that imperfect digestion was the first step leading to the evolution of gases, and this stimulated the bowel to hypertrophy, and also caused dilatation by distension.—Dr. A. MORISON advised a not too ready resort to a diagnosis of idiopathic dilatation. He mentioned a case of intestinal obstruction in a gentleman, treated as one of idiopathic dilatation of the colon by opium and belladonna fomentations, and by injections. This turned out to be a case of transverse stricture high up in the rectum, and perfectly relievable by colotomy.—Dr. KINGSTON FOWLER inquired whether the meso-colon of the sigmoid flexure was unusually long in the case narrated. Such a condition might cause a valve-like obstruction.—Dr. BROADBENT referred to the congenital elongation of the sigmoid flexure as a cause of hypertrophy and dilatation of the colon. He mentioned a case of enormous dilatation of the transverse colon, with chronic constipation, and this was treated successfully by giving enemata, the patient resting on his elbows and knees.—Mr. STEPHEN PAGET, in reply to Dr. Broadbent,