A school of surgical science, in which wide erudition and severe experiment, fully-stored heads and well-skilled hands, shall fully co-operate, is still a want; and, with the permission of the Editor of this journal, something more may be said on that subject by and by.

With the best intentions, it is not always easy to reconcile criticism and courtesy, especially when the former claims to be candid, and the latter is to fulfil the definition that true politeness consists in due consideration for the feelings of others. I have been careful to discharge the delicate duty which I have assumed, with all respect for the distinguished surgeon to whom, for many years, I have been indebted for unvarying proofs of kindly friendship. He and others will, it is hoped, be lenient, if the inspirations of surgical enthusiasm have sometimes rebelled against the tight reign of conventional expression.

Birmingham.

ANEURISMAL DILATATION WITH RUPTURE OF POSTERIOR COMMUNICATING ARTERY:

HÆMORRHAGE; SOFTENING; AND GENERAL SUB-MENINGEAL HÆMORRHAGE OVER THE ENTIRE BRAIN SUBSTANCE.

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THIS case is exceptional, inasmuch as that, distinct from the aneurism with rupture and consequent hæmorrhage, there was general extravasation of blood, not subarachnoid, but underneath the pia mater, between it and the convolutions. There was no part of the membrane that was not covered with it.

H. P——, aged fifty-five, was admitted on July 21st with the following imperfect history:—Died the day after admission. He was a married man, of intemperate habits, and suffered much from gouty joints and painter's colic, but had no wrist palsy. His father and cousins were subject to fits, and he also had been affected with them for years. He had been suffering from giddiness, diffuse head pains, staggering gait, and imperfect memory. On the morning of July 18th he was in his ordinary health, and remained so until the evening, when his wife found him sitting upon the doorstep scarcely conscious, and quite helpless. She says that he had no power in his arms or legs, and could not move himself in any way. He was in this condition when I first saw him, and no change took place until his death.

Autopsy, twenty-four hours after death.—Calvaria considerably thickened. Upon the removal of the brain, which weighed 52 oz., and was of a mahogany colour, there escaped some 10 oz. of sero-sanguinolent fluid. The meningeal interspaces, as well as the ventricles, were free from it. The arachnoid membrane over the superior cerebral convolution was thickened and opaque. When the pia mater was removed from its sulci it was highly congested, and nearly every vessel on its under surface was surrounded by extravasated clotted blood. Upon exposing the base for examination in the course of the motor tract and floor of the third ventricle, there was found a compact mass of clotted blood, which had become fibrillated, and was with difficulty washed away. When this was done the seat of lesion in this part was apparent. The arteries entering into the formation of the circle of Willis were unusually dilated, and the tip of the little finger could be introduced into the carotids. The walls were not brittle, but gave evidence of degeneration. The left posterior communicating artery at its carotid connexion presented a bulbous dilatation, which reached to nearly two-thirds of its extent, and at the inner part was a small irregular opening, through which a probe might be passed. There was no attempt at repair, and no deposit of fibrine. There had been recent arachnitis at the base, and the frontal convolutions could not be separated without tearing the cerebral substance. The parts forming the floor of the third ventricle had lost both form and consistence. The optic tracts, anterior and posterior to the commissure, were with it so flattened and softened that they could not be raised upon the scalpel.

The pons and medulla participated in this change. On opening the right lateral ventricle the corpus striatum and optic thalamus were healthy. In the left lateral ventricle they were both softened, as well as the fornix and geniculate bodies. The fourth ventricle was full of clotted blood.

On opening the thorax the pericardium was found to be healthy, and the heart, whose texture showed signs of fatty degeneration, was dilated, more especially the right ventricle, the tricuspid valves of which were incompetent, and must have given rise to regurgitation during life which was not detected. The aortic valves were healthy, and there was no marked ventricular hypertrophy. The lungs were dark throughout, not consolidated, but when cut into gave issue to dark-fluid blood.

A Mirror OF HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CASES OF COLOTOMY.

(Under the care of Mr. BRYANT.)

THE operation of colotomy is, perhaps, deserving of a wider application than it has hitherto attained, provided always that its capabilities be properly understood and not overrated. It is evident that in the case of cancerous disease of the rectum the establishment of an artificial anus in the back can exercise no directly curative effect; but, by freeing the lower bowel from the defecatory effort and keeping it constantly empty, it may prolong life, ease pain, and prevent the aggravation of the disease. In cases of non-malignant stricture of the rectum, colotomy acts beneficially by relieving the lower bowel; thus placing it in the best possible condition for the application of remedial measures for the cure of fistulæ and abscesses, which are so liable to form whenever any impediment to the free escape of fæces exists.

For the notes of the first of the subjoined cases we are indebted to Mr. Alfred W. Green, and for the notes of the second case to Mr. C. J. Symonds.

CASE 1.—George S——, a paper-packer, aged fifty-six, was admitted Oct. 17th, 1872, with stricture of the rectum. In October, 1871, the patient noticed that after defecation a mass protruded about half an inch from the anus. A month later an offensive watery discharge accompanied the motions. In January, 1872, the fæces were narrowed and flattened. Defecation was painful, attended with straining and the escape of a little blood. The general health began to fail. In the site of the protruded mass a large perineal abscess formed. There was great swelling of the scrotum and penis, but no difficulty in micturition. On Oct. 16th, 1872, the abscess was evacuated spontaneously.

On admission there was a large indurated, ear-shaped growth, two inches long and half an inch in thickness, on the left side of the anus. The anal orifice appeared almost entirely closed, while there was a large fistulous opening at base of growth communicating with the bowel. Two inches in front of rectum, in median line, there was an opening which emitted an offensive discharge, but no communication could be discovered through it into rectum or urethra.

Oct. 25th.—The growth was removed by the galvanic cautery, the wires of which were passed round two needles which transfixed the base of the growth.

Nov. 5th.—Slight secondary hæmorrhage; bowels open once daily.

13th.—Left the hospital.

The examination of the growth after hardening by chromic acid led to conclusion that the mass was probably cancer, growing from mucous membrane of bowel or submucous tissue.

Readmitted April 15th, 1873.—Patient states that on leaving