the quantity of urine—260 oz.—drawn off at one time was remarkable. So, too, was the fact that the urine showed no evidence of septicity and that the patient did not die sooner of uraemia.

Victoria West, C.C. D. J. Hugo Hamman, M.B., Ch.B.

REPORTS
ON
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

ROYAL NAVY HOSPITAL SHIP *MAINE*.

A CASE OF DOUBLE ANEURYSM OF THE THORACIC AORTA.

(By Fleet Surgeon D. McNabb.)

[Forwarded by the Director-General.]

R. C., aged 36, was admitted to the Hospital ship *Maine* on October 3rd, 1905, for passage to England, suffering from Mediterranean fever, and also presenting symptoms of aortic regurgitation.

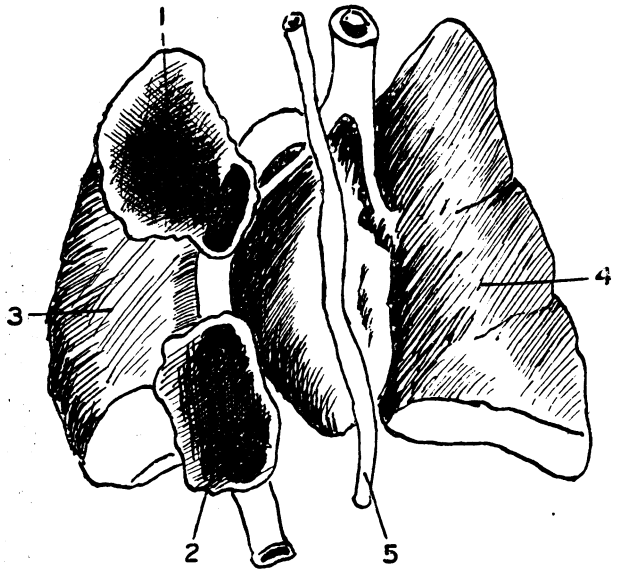
State on Admission.—He complained of vague pains in the left lumbar region, none in the chest, and he was inclined to sit up in bed owing to the discomfort when lying down. He said he could not turn round on his side owing to the pains in his body. Examination of the chest showed both lungs clear in front. The heart sounds were distant, but no murmur could be detected either at the apex or in the aortic area. Owing to bad weather experienced on leaving port a very detailed examination, particularly from the point of view of auscultation, was impossible.

Progress.—At 1.55 a.m. on October 5th patient coughed up about 8 oz. of bright red blood, his breathing became laboured, his pulse failed, and he died at 2.20 a.m.

A *post-mortem* examination was carried out at 11 a.m. on October 5th, and the following notes taken:

Heart.—Pericardium not inflamed, and contained about 4 oz. of light straw-coloured fluid. The organ was pallid, and showed no signs of hypertrophy. Valves normal.

Lungs.—Both were adherent to the parietes. The left pleural cavity was full of dark clotted blood. On the right side were a few tough adhesions but no extravasation. On removing the parts two large aneurysms were found to occupy the greater part of the descending thoracic aorta, there being a space of about 2 in. of more or less healthy arterial wall between them.



1. Upper aneurysm burst into left lung. 2. Lower aneurysm opened in detaching aorta. 3. Left lung. 4. Right lung. 5. Oesophagus. (Sketch made from parts after removal.)

Remarks.—The upper and smaller aneurysm, which had destroyed the upper half of the upper lobe of the left lung, and from which its walls were indistinguishable, was about the size of an orange, and had eroded the bodies of the third, fourth, fifth, and sixth dorsal vertebrae. The lower sac was somewhat larger, and, from the state of the contained clot much older than the upper one, and had eroded the tenth, eleventh, and twelfth dorsal vertebrae. The walls were intimately blended with surrounding structures, and were consequently somewhat destroyed in ascertaining the condition, but there appeared to be no extension into the abdomen. This lower aneurysm was intact when the chest was opened, and the bursting of the upper one was the immediate cause of death.

These notes are from those supplied by Surgeon J. McDonald, R.N., under whose care the man was.

A sketch of condition as seen after removal of parts is attached.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH.

Sir Thomas Chavasse, M.D., President, in the Chair.

Birmingham, Thursday, January 11th.

Osteo-enchondroma of Wrist.—Mr. Morrison showed a woman who had a large growth on the wrist, which he took to be an osteo-enchondroma suitable for removal.

Abdominal Conditions simulating Acute Intestinal Obstruction.—Mr. Heaton read a paper entitled "Clinical Observations on Some Acute Abdominal Conditions which resemble in their Symptoms Acute Intestinal Obstruction," of which the following is an abstract: Symptoms of acute obstruction simulated by a variety of abdominal disorders—colic, acute peritonitis, appendicitis, tuberculous peritonitis, haemorrhagic pancreatitis, embolism and thrombosis of the mesenteric vessels, rotated ovarian cyst, acute torsion of an undescended testicle, rupture of ectopic gestation sac. Remarks on some of these conditions, with illustrative cases.—The paper was discussed by the President and Messrs. Morrison and Leedham-Green, and Mr. Heaton replied.

The Vesical Sphincter.—Mr. Leedham-Green read a paper on the Vesical Sphincter and the Mechanism of the Closure of the Urinary Bladder. He briefly reviewed our knowledge concerning the constrictor muscles in connexion with the bladder and urethra, and the opinions held as to the part these muscles played in maintaining the closure of the bladder. He criticized the theory, put forward by Finger, that the internal vesical sphincter was too weak a muscle to withstand the pressure of the urine and prevent its escape from the distended bladder, and that, as that organ filled, the pressure of the urine gradually caused the elasticity of the neck of the bladder and the vesical sphincter to yield, thus allowing the fluid to enter the posterior portion of the prostatic urethra, and so form a bladder-neck. Mr. Leedham-Green exhibited a number of radiographs of the pelves of certain persons, taken after the bladders had been distended with a suspension of bismuth, clearly showing that, whether it was fully distended or not, the outline of the organ was oval and not pear-shaped, and the urethra was sharply cut off from the bladder, without the suggestion of a "bladder-neck," as described by Finger.—The paper was discussed by the President and Drs. Melson and White, and Mr. Leedham-Green replied.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

H. H. Clutton, M.A., M.C., F.R.C.S., President, in the Chair.

Friday, January 12th, 1906.

TRANSVERSE VERSUS INGUINAL COLOTOMY.

Mr. L. McGavin read a paper in which he remarked that the operations designed for the relief of ulceration and permanent obstruction of the large bowel left patient and surgeon nothing better than a "Hobson's choice." The feeling commonly expressed that death was preferable to colotomy had too long retarded the progress of surgery in this direction. Doubtless colotomy had at one time been too readily resorted to. Much might be done in apparently hopeless cases by palliative treatment; such a case, under the author's care, was reported. In cases genuinely requiring colotomy the operator had choice of three routes