December 24th. On admission, his condition was as follows:—In the gluteal region, the gluteus maximus on the side of the injury was soft, flabby, and in fact completely paralysed; and near to the insertion where the muscle joins its tendinous expansion from the line of the great trochanter and linea aspera, there was a thickened welt, indicating the place where the process of union was commencing to take place Accompanying these symptoms, there was a marked paralysis of the limb. The palsy was much more complete as affecting the extensor muscles of the leg. It occurred to me that the sciatic nerve had been injured, but on examination, it was found that all ordinary sensibility was quite perfect. As such cases are not often met, they must be treated on general principles. The patient was kept quiet, but allowed to move about with the limb strainght, so as to keep the ends in apposition. He was now able to walk a good deal better than when he entered the hospital. The paralysis of the limb had very much improved, and the patient was now able to walk very well with one stick. The complete paralysis of the muscle was remarkable, and looked almost like an effort on the part of nature to take tension off the muscle, to allow it to remain passive and quiescent while union is going on. The Dr. mentioned other cases of ruptures of different tendons. There did not appear to be any exact rule with regard to the place where the muscle would give way. In the case described, it appeared, so far as one could make out from careful examination, to have torn at the part where the tendinous expansion and the muscular fibres meet. The snap or rupture of a tendon seems to be very constantly accompanied by a sensation, as if the patient had received a smart blow or kick.

In the discussion which followed, Mr. H. G. Croly said, he had not seen, nor did he know of any recorded case of rupture of the tendon of the gluteus maximus. But it struck him that the paralysis might be explained in this way: that the great violence which was necessary to rupture so powerful a tendon, might also have stretched or partially torn the sciatic nerve, as the distance from the nerve to the tendon was not great. Of the rupture of other tendons, he had seen a few examples. This winter, he had a case of rupture of the plantaris. The patient was a clergyman, and in going up the steps of his church, he turned round suddenly to see if anyone had given him a blow of a stone in the calf of his leg. As he saw no one near him, he rubbed his leg. Subsequently, he consulted a medical practitioner, who gave him a liniment to rub on the leg, which, however, continued very painful. He afterwards consulted him (Mr. Croly). From the cases he had seen of rupture of the plantaris tendon, he thought the tendon generally ruptured about four inches up from the os calcis, and not at all near to the belly of the muscle. Of course, that was a well-known accident in ballet-dancers.

After several other members of the society had joined in the discussion, the President said, in reply, with regard to the observations of Mr. Croly about the paralysis depending upon some rupture or injury to the nerve, he could not adopt that view, for the reasons he had already given. He thought that if the nerve were in any degree torn, or blood effused into its texture at the time of the injury, as it was a compound nerve with both motor and sensitive fibres, they would expect to find some paralysis of sensation in the lower limb, as well as some paralysis of motion, while there was nothing of the kind. Therefore he thought they must regard it as one of those forms of reflex paralysis which they knew sometimes occur. Sir James Paget had given some cases in which a severe contusion had been followed by paralysis of muscles in the neighbourhood. He (Dr. McDonnell) thought the case he had related must be a case of that kind. They knew that the nerves and bloodvessels were capable of undergoing a great deal of extension without giving way.—*Summarized from the Medical Press and Circular.*

Abdominal Compression in Ascites.—In the *British Medical Journal* for 20th April, 1878, Dr. Stephen Mackenzie, of the London Hospital, reports two cases of obstinate ascites successfully treated by means of a bandage or tightly fitting abdominal supporter. In the first case, the use of the bandage was supplemented by tonics, but in the second, the credit of the recovery appears to be due to the supporter alone, as no medicine was administered except the mistura rubra of the hospital (burnt sugar and water). He commends the plan most highly.