centre of Poupart's ligament; to mark a spot one inch above this and one inch to the right—i.e., to the surgeon's right; then to mark a spot one inch above the anterior superior spine of the ilium and one inch internal to the spine; and to join these two points by a clean cut having a slight curve to the left. Before the operation I had an argument with a *confrère* and he differed as to the spot of termination of the lower end of the incision. I was in favour of its being an inch to the right—i.e., to my right; he urged an inch to the patient's right. I followed this latter direction, and, as I shall show, nearly failed. But to return to the operation. Chloroform was the anæsthetic used, which the patient took badly; the respiration was very shallow, the pulse failing early, and this anæsthetic was changed for ether. I cut the transversalis fascia on a director and succeeded in freeing the approach to the peritoneum, from end to end of the incision; no artery required ligature and no wound was made into the peritoneum. The latter was carefully and gradually pushed aside, and I anticipated an easy and quick termination to the operation, but found myself in a very confined space too much to the right, and there was no pulsation to be felt. I had to enlarge the incision at its upper end to obtain more room. The patient was now in a critical condition, the respiration was very shallow and he was almost pulseless. It came to be an affair of a minute or two. I therefore passed my finger and thumb deeply in below the edge of the pelvis, grasped what I felt must be the artery from its smooth elastic roundness, passed the aneurysm needle close to my finger-nail and fortunately encircled the artery; before tying the silk I ascertained by pressure that I had controlled the circulation in the femoral, and I finished the operation by inserting a drainage-tube, irrigated the wound with bichloride lotion and closed it with silver wire. I was within a terribly short distance of failure, and my patient might exclaim with Horace, "Quam pœne vidimus eacum." I consider that had I followed the first proposed incision I should have found the artery with ease and comfort, but being too much to the outside I came upon the psoas muscle instead; hence the necessity for enlarging the wound to allow of my pushing the peritoneum further away towards the middle line. The moral to be drawn from this case is that before undertaking any operation of magnitude the details should be clearly thought out. The operator should not be influenced by the opinion of anyone who may be present, but he should complete the operation, although the patient, as in the present case, be almost pulseless I may state that some ten or fifteen years ago I ligatured the external iliac artery for hæmorrhage after gunshot wound, and, making use of the incision I intended, I found none of the difficulties that occurred in the present case. About the latter end of February the patient, whilst moving about on crutches, slipped and fell. He felt something give way in the swelling at the back of the joint, which rapidly disappeared. At the time this caused considerable anxiety, but no harm resulted; a few days' rest and the application of lead and spirit lotion seemed to be of service. In August, 1892, he had returned to his duties; there was no pulsation to be felt either in the femoral or popliteal arteries and he moved about freely with the aid of a stick, the muscles being thin and wasted from want of use. The case is interesting as occurring in a comparatively young man and from the existence of two separate lesions in the same arterial track. I think the marked improvement from the use of the specific remedies points to the *fons et origo* of the disease.

Port Elizabeth, South Africa.

SMALL-POX IN MEXICO.

BY R. F. WILEY, L.S.A., B A. CANTAB.

THE following four cases of small-pox may be of interest. As will be seen each case presented some little divergence from ordinary cases.

CASE 1.—A man aged fifty-five, healthy, but of very drunken and vicious habits, was taken ill whilst at work on Feb. 28th, but had been quite well on the previous day and did not complain of pain till midday on the 28th. I saw him at 3 P.M. and found him in bed. The temperature was 103° F, the lungs were normal, the heart was regular, the second sound being very sharp; the pulse was 80; the skin was hot and the abdomen was a little distended but was not tender to the touch. He had passed a soft, dark-coloured motion at 2 P.M., one hour before I saw him. The urine was normal in appearance. He had been drinking, but it was difficult to say whether he was drunk or delirious. I saw him again at 11 P.M. on March 1st. He said he felt much better. The pulse was 100 and the temperature was 102 5°; he had been spitting a little blood and his eyes were bloodshot. The abdomen presented a copious red macular eruption; there was also an eruption of slightly raised, circular, red spots with yellow centres, and there were about eight blue spots, exactly resembling tattoo marks. The whole body was of a reddish colour. At 5 30 P.M. on the same day (March 1st) the man was evidently dying. The abdomen and other parts of the body were covered with blackish-blue discrete spots. There was a good deal of hæmorrhage from the mouth. Death occurred at 7 P M. The duration of the illness from the time of leaving work to his death was twenty hours. He had no vaccination marks.

CASE 2.—A youth aged nineteen was first seen on April 2nd, when he had ulcerated sore-throat, high fever, a bubo in each groin, and a sore that suggested syphilis. He had been drinking heavily for some weeks and he had fits occasionally, which were said to be epileptic He passed out of my care, but fourteen days later he came to see me. He then complained of severe pain in the spine, headache and sore-throat. On examination there were deep ulcers in both tonsils; there was no vomiting; the temperature was 100°. I saw him every day. His throat improved, but the temperature remained high and the pain in the back persisted. On April 23rd he developed a well-marked eruption, which became confluent. The disease ran a very protracted course and terminated in recovery. He had not been vaccinated in childhood, but had been submitted to the operation one month previously to illness, but unsuccessfully.

CASE 3.—A man aged twenty-eight on April 10th complained of pain in the back and severe headache; there was no vomiting and the temperature was 103°. On the next day the temperature rose to 104°. On April 12th about ten spots appeared on the forehead and a few on the arms. The eruption matured up to a certain point and then died away without any discharge. The patient was practically well on the 16th. He had been vaccinated three weeks before the attack and the scab of the resulting pustule was actually present at the time.

CASE 4.—This case exactly resembled the previous one, the patient having been revaccinated six weeks before the attack. He was in bed for two days and was practically well on the seventh day.

I may say that small-pox is always with us, but is epidemic every year from February to April. The natives consider it a disease of childhood, but this year's epidemic has been very severe, and I am told by the Mexican medical man here that it has killed 70 per cent. of those attacked in this town. Personally I have seen about twenty cases amongst adult whites, there being two deaths, both patients being unvaccinated. For three months every year in this district small-pox provides me with more work than I care about, and as natives are never revaccinated and will wear the blankets from the bed of a small-pox patient—and do, to my certain knowledge—there is no stamping out an epidemic.

Zumpango, Mexico.

UTERUS INVERTED FOR NEARLY TWENTY YEARS BECOMING MALIGNANT.

BY THOMAS OLIVER, M.D. GLAS., F.R.C P. LOND.,
PHYSICIAN TO THE ROYAL INFIRMARY, NEWCASTLE-UPON-TYNE.

A MARRIED WOMAN aged fifty-eight was admitted into the Royal Infirmary, Newcastle-on-Tyne, on Nov. 15th, 1892, complaining of incontinence of urine of a week's duration. There was nothing in her family history that calls for comment. The patient had never had any illness and her menstrual history had been satisfactory. She was married at the age of forty, and she had borne one child. Since the birth of that child she had always had a large mass hanging out of the vagina. She had been sensible of an increasing amount of debility and for a week before admission had been suffering from a constant dribbling of the urine—night and day. It was this circumstance which forced her to seek medical advice. There was considerable emaciation and she looked quite ten years older than the age given. The pulse was weak, compressible and 80 per minute; the temperature, which was normal on admission, rose to 100° a few days