that the peritoneum be removed as far as possible from the rectal bag would be of little, if any, use, it is advisable into the Leeds Infirmary under the care of Dr. Braithwaite pubes. This is best effected by the position adopted. In the inverted position.

The patient was fitted with a urinal and sent to our convalescent home. On Jan. 4th, 1890, she returned to the infirmary, when it was found that urine still escaped by the side of the urinal tube. There was no recurrence of the growth. On Jan. 18th she was sent home.

CASE 2.—E. A. W.—aged seventeen, was admitted into the Leeds Infirmary under the care of Dr. Braithwaite on Jan. 3rd, 1890. Knowing that I was interested in the sub-ject, a microscopical section was delivered by a surgeon on Nov. 23rd, 1889, after having been forty-eight hours in labour. Since then all urine has passed by the vagina. On examination the perineum was found to be lacera-ted to the anus. There was a vesico-vaginal fistula large enough to admit the tip of the index-finger situated imme-diately in front of the os uteri. On Jan. 11th the patient was placed in the inverted position and the bladder opened transversely and fixed to the abdominal wall, as described in the previous case. The bladder was then completely closed. A copper spatula was introduced into the bladder and its superior wall pressed upwards. A small electric light was placed in the bladder against the latter, and the perineum and its inferior wall perfectly illuminated. The fistula being fixed and pressed upwards by the spatula, the edges were refreshed with a large wound. Four chromicized catgut sutures were passed through the mucous mem-brane from above, and the patient being placed in the lithotomy position, silk sutures are introduced through the drainage-tube being left in the middle line. The supra-pubic wound was closed slowly, existed. The supra-pubic wound closed slowly, and all urine escaped by the supra-pubic opening. In future I intend making a longi-tudinal incision through the skin and linea alba, and opening the bladder from being displaced from the abdomnal wall, which I have described I made, as Trendelenberg advises, a transverse supra-pubic cystotomy has shown me that healing is, as a rule, much slower with a transverse than with a longitudinal incision. In cases like the one first related, where a supra-pubic wound in the bladder and in the abdominal wall is partially closed, room being left in the middle line for the bladder to be lacerated to the anus. There was a vesicovaginal fistula following labour will be successful at first attempt. Case 1 makes me hope that cure may result even in the worst cases, for it shows that a large fistula will close without further treatment if the urine can escape through a supra-pubic opening. In 19 cases in which repeated operation has failed to give relief. When this occurs the supra-pubic operation should undoubtedly be tried. My small experience does not warrant me in expressing an opinion as to whether it should be adopted in more favourable cases.

Leeds.

CALCULUS IMPACTED IN THE URETER FOR TWENTY YEARS; REMOVAL; RECOVERY.

By W. ABRIBUTHNOT LANE, M. S., ASSISTANT SURGEON TO GUY'S HOSPITAL, AND TO THE HOSPITAL FOR SICK CHILDREN, GREAT OXMOOR-STREET.

I think that the following case is worthy of being recorded for two or three reasons—viz., the long duration of the symptoms, the smallness of the stone, and the difficulty which may be experienced in finding a stone in the urerter by the lumbar incision.

E. A. W. —aged twenty-three years, was first attacked by attacks of violent abdominal pain when three years of age. This pain was, at times, so severe that she could not quiet lie down. The tenderness on the left side. These attacks recurred several times before a perfect result is obtained. I have seen other cases in which repeated operation has failed to give relief. When this occurs the supra-pubic operation should undoubtedly be tried. My small experience does not warrant me in expressing an opinion as to whether it should be adopted in more favourable cases.
AN EPIDEMIC OF DIPHTHERIA.

By H. G. LYS, M.D. LOND.

The epidemic from which my notes are taken is one which occurred in some adjacent villages of Dorsetshire in my father's practice, and mainly under his observation during the end of 1898 and the beginning of 1899. It was characterised by a virulence much greater than has been known in any former outbreaks of diphtheria in the neighbourhood, and extended to 110 cases distributed in three villages with an aggregate population of about 2300. The population of the district is so thin and scattered that it has been unusually easy to trace accurately the source of infection. Investigation almost always showed one and the same mode of communication—remarkable, not only for its being quite direct, but, what is more unusual, not evident in the nature of activity. There are also other points of interest worthy of remark.

Source of infection. The first victims were some children in whose home a woman had come within two or three days from London; she is known to have come from a house where there had been bad throat, and looked herself anomie and ill. No source of the disease other than this woman was discoverable. The sanitary condition of the villages is excellent. Their water-supply is derived from abundant sources, mainly from wells in a chalk stratum, and is of such a nature as to be very wholesome. Sewage disposal is conducted very efficiently. No deficient drainage or offensive collection seemed to be in any way connected with the distribution of the disease; nor indeed was any such discoverable. Attention was paid to any kind of environment which could be supposed to be likely to be much adherent to adjacent structures. A probe was passed into its pelvis and that cavity was explored thoroughly, without anything being detected. An opening sufficiently large was made directly into the ureter, which showed that the pelvis was much diluted, and that, owing to an abnormal arrangement of the upper portion of the ureter, it was not possible to introduce the finder into it. It seemed as if the fold so produced was sufficient to account for the incarceration of the infection from the kidney, and that it was probably some congenital abnormality. The ureter was carefully examined as far as possible through this incision, and by means of a finger in the vagina and in the rectum its lower portion was also explored at the same time. By this means one felt satisfied that every portion of the uritary tract except the small portion of the ureter which intervened between the finger in the rectum and that in the abdomen had been carefully examined; and as the ureter was apparently not dilated in any portion of its course, it was felt unnecessary to open the abdomen to explore the remaining very short length of it, which did not appear to be more than one inch. The aperture was closed with silk and a small hard, oval one, about three-quarters of an inch in diameter, which did not appear to be more than one inch. The operation was then closed. The patient recovered rapidly, no leakage taking place from the ureter. The woman has recovered completely, having gained much flesh.

[Further text continues with medical observations and case studies.]