presume is due to some fault in the suturing of the abdominal wall, but even in this case the uterus remains high up in its new position.

Table giving Particulars of 12 Cases where Ventral Fixation of the Uterus was Performed by a New Method.

Number of case.	Age (years).	Operation.	Date.	Remarks.
1	40	Ventral fixation and perineorrhaphy.	9/5/02	Oct. 18th, 1905. Scar sound. Os uteri can just be reached. Uterus against abdominal wall.
2	48	Ventral fixation and perineorrhaphy.	24/6/02	Oct. 18th, 1905. Ventral hernia. Uterus in normal position.
3	30	Ventral fixation.	31/7/03	Oct. 18th, 1905. Scar sound. Os uteri can just be reached. Uterus against abdominal wall. Confinement six weeks previously.
4	41	"	26/11/03	Cannot be traced.
5	39	"	31/12/03	" "
6	28	"	19/2/04	Oct. 18th, 1905. Scar sound. Uterus in normal position.
7	50	"	19/2/04	Oct. 18th, 1905. Scar sound. Uterus against abdominal wall. Os uteri can just be reached.
8	49	"	25/3/04	Nov., 1905. Uterus again prolapsed.
9	33	"	4/4/04	Cannot be traced.
10	31	"	2/9/04	Oct. 18th, 1905. Scar sound. Os uteri can just be reached. Uterus against abdominal wall. Confinement ten weeks previously.
11	22	"	5/9/04	Oct. 18th, 1905. Scar sound. Uterus against abdominal wall.
12	22	"	30/9/04	Nov., 1905. Patient eight and a half months advanced in pregnancy.

Newcastle-upon-Tyne.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASES OF RELAPSE IN MEASLES.

BY R. GERALD LEACH, M.B., CH.B. EDIN.

THE following cases may prove of interest to some readers of THE LANCET. During a recent epidemic of measles I met with four cases of relapse within three weeks of the first attack—that is to say, the patients suffered from a complete second attack of the disease.

The first case, a girl, aged 10 years, had a typical attack of measles with all the usual symptoms and a well-developed rash. Recovery took place without any complications ensuing. Two weeks afterwards she was brought to me with a history of three days' continuous fever and she then presented all the usual premonitory symptoms of measles, such as pyrexia, catarrh of the upper respiratory passages, redness of the eyes, photophobia, &c. There was a well-marked rash present in the throat. Next day a typical measly rash appeared all over the body and the disease then ran a normal course to recovery.

The second patient, who was an infant, aged 11 months, had an ordinary attack of measles. Two days after the disappearance of the eruption the child's temperature began to rise again and in two days more the eruption reappeared, this time more abundantly than in the first attack. In this case broncho-pneumonia ensued but ultimately complete recovery took place.

The third patient was an infant, aged 16 months, living in the same house as the previous case. The child's second attack took place eight days after the first eruption had

faded, and was complicated by severe diarrhoea. This patient also recovered, but convalescence was very prolonged.

The fourth patient was a child three years old. The first attack was very mild with few constitutional symptoms, though the rash was typical and abundant. The temperature, however, in this case did not come down to normal after the disappearance of the eruption and on the eleventh day a new rash appeared which at first was discrete but later became so abundant that the whole surface of the body was covered. This eruption remained out for seven days before beginning to fade. On the twenty-second day from the commencement of her illness the patient developed a mild broncho-pneumonia. She ultimately recovered.

In the text-books at my disposal I cannot find any description of similar cases, though in a dictionary of medicine some three or four cases are mentioned, in one of which there occurred two relapses within a month. Possibly, however, these cases are not as rare as I imagine and I should be glad to know if any of the readers of THE LANCET have met with any. At any rate, the occurrence of four cases in an epidemic (262 cases) seemed to me sufficient excuse to place them on record.

Ledesma, Provincia de Jujuy, Argentine Republic.

A CASE OF OPERATION FOR EMPYEMA, INCLUDING RIB RESECTION, UNDER LOCAL ANÆSTHESIA.

BY R. G. MACDONALD LADELL, M.B., CH.B. VICT.

THE dangers attending the administration of a general anæsthetic in cases of empyema are well known and probably there are a great many surgeons who make use of local injections. At the same time, the fact that it was considered worth while to report a case of tracheotomy under local anæsthesia in one of the medical journals a few weeks ago leads me to think that the possibilities of this form of anæsthesia are not as yet fully recognised by the profession.

The patient whose case is now described was a boy, aged ten years, suffering from empyema on the left side consecutive to pneumonia. For this condition an operation was performed on Dec. 1st, 1905. The anæsthetic solution I employed contained eucaine and adrenalin in the same proportion as in "soloid" eucaine and hemisine, but having the ingredients in hand I made it up from them. In the course of the operation I used about six drachms of this solution. Part of it, however, was wasted as it escaped from the open wound. I first injected the skin along the line of incision, after placing a drop of pure carbolic acid on the skin to render the preliminary puncture painless. I then made the usual incision right down to the rib, at which stage the patient remarked that his side felt "funny." Before proceeding further I injected some more solution into the intercostal muscles above and below the rib, passing the needle parallel to the rib. No further injections were required and the operation was completed in the usual way. When freeing the rib from the periosteum, and again when the rib was being cut through, the boy complained of being "hurt." As he did not cry or attempt to move it was evident that the pain was not acute and probably it was no more than is experienced when a tooth is broken off by forceps. The only time he appeared really to suffer was when I passed my finger into the opening in the pleura and that, of course, was only momentary. There was no shock, neither was there much pain during the night following the operation. One and a half pints of pus were evacuated at the time and the boy is now making a good recovery.

Holbeck, Leeds.

NOTE ON THE THERAPEUTIC EFFECTS OF UNGUENTUM HYDRARGYRI IN A CASE OF TUBERCULOSIS.

BY J. T. C. NASH, M.D. EDIN.

THE patient in the present case was a thin woman, 45 years of age, who suffered from pulmonary tuberculosis with advanced lesions in both lungs; she was also subject to rectal hæmorrhages and obstinate constipation. On examination she was found to have a retroverted incarcerated uterus.