valuable line of treatment or not. Certainly it did not appear to have the success attendant on malaria infection. To return to the actual cases whose treatment has been completed, I have developed the impression that the relative "cure" is dependent upon two main factors, firstly, the stage at which the disease is recognized and treated and, secondly, the reaction to the malaria infection. My impression is that the earlier the disease is recognized and treated and the more violent the malaria rigors, the better is the prognosis.

In discussing the cases of G.P.I. to which I refer, it has been borne home to me that prophylaxis, as in all diseases, is by far the best line of treatment. Why should anyone become a sufferer of neurosyphilis in any of its forms? It is admitted that adequate treatment in the early treatment of syphilis is preventive. Many people will argue as to the ignorance of people developing syphilis, but why should they not be educated? Notices are placed in out-of-the-way corners by the "Public Health Authorities," and are seen by only a few, and those few merely glance at them. Recently there was a propaganda film, entitled "Damaged Lives," which brought upon itself much adverse criticism, but I think it was one of the finest pieces of "herd" education yet released to the public. The grounds I have for stating this are the number of people who, on seeing this film, and realizing the dangers liable to follow upon the risks they had exposed themselves to, applied for advice at the various clinics for the treatment of venereal disease. Certainly a large number of these people were not infected but, to counteract that, there was a fair number who were, and who would not otherwise have applied for advice. Thus I think that a systematic education of the general public on the dangers of venereal disease should be carried through (for is not fear the emotion which most guides us in our actions?) and there would be much less need for treating G.P.I. in future.

AN UNUSUAL SURGICAL EMERGENCY: WOUND OF THE GROIN INVOLVING THE FEMORAL VEIN.

By Major C. B. C. Anderson,
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Mrs. X. was cutting cardboard on her kitchen table with a large sharp knife, when the knife slipped and the point entered her right groin; there was immediate and very profuse hæmorrhage, which the patient herself managed to control partially by local pressure and the application of a constricting bandage around the thigh below the wound. She was seen a few minutes afterwards by the orderly medical officer, who, introducing local colour, described the scene as strongly resembling a bull ring at the end of an afternoon's slaughter. The patient's condition was extremely grave and she was transferred immediately to hospital, where I saw her

about twenty minutes after the accident. She was practically moribund. The wound was examined in the theatre, and on removing the temporary dressings there was an immediate and very alarming flow of venous blood from a stab wound high up in the inner part of the groin. The patient's condition precluded any active interference, beyond controlling hæmorrhage by plugging with paraffin and flavine gauze followed by administration of a pint of saline intravenously. The patient was returned to bed and the usual measures for treatment of shock were instituted. Much to my surprise, she rallied to such an extent that I decided two days later that her condition warranted an exploration under a general anæsthetic.

She was accordingly anæsthetized with open ether, and while pressure on the plugging was maintained, the wound was enlarged so as to expose the structures in Scarpa's triangle.

A dissection of the main vessels was made and followed upwards, great difficulty being experienced owing to the necessity of keeping up pressure and to the disruption of tissues by the hæmatoma. The saphena-magna vein was ligatured and divided at the saphenous opening. On releasing pressure it was found that the hæmorrhage was coming from a wound in the common femoral vein, just below its exit from Poupart's ligament.

The main vein was ligatured below the site of hæmorrhage. This had no effect on control of the bleeding. The vein was then exposed above the plug, and ligatured just below Poupart's ligament. On releasing pressure there was again a very alarming flooding, which was controlled with difficulty. By gradual deep dissection and careful manipulation of the plug, a large branch which was obviously the profunda femoris vein, was found entering the main trunk on its posterior aspect at the site of the injury. This vessel was ligatured and at once all hæmorrhage ceased.

One was now able to see that there was a longitudinal slit one inch in length in the anterior wall of the femoral vein.

The failure to control hæmorrhage by ligature of the main trunk above and below the site of injury was accounted for by the entrance of the profunda vein on the posterior wall at this level.

Operation was followed by the administration of 600 cubic centimetres of citrated blood.

The further progress of the case was uneventful. The wound healed with slight sepsis. The amount of œdema which one would have expected with such interference with the venous return did not materialize.

She was sent home twenty-five days after operation, and kept under observation in bed for a month.

Slight œdema is present and superficial veins are dilated, but she is now able to walk about her house with a supporting bandage on the leg.