in the highest degree probable. What could this accident have been, regarding the matter in the light of the post-mortem appearances? If it was a twist or an intussusception, then the bowel must have recovered its original shape after the lesion had set up the inflammation which terminated in death. But even supposing the possibility of such recovery, would there not have been more definite appearances in the mucous and serous membranes to indicate the accident? On the whole, I feel unable to suggest any explanation of the phenomena; the only thing which at the time seemed to give a clue (and that by no means a satisfactory one) was the discovery of a hæmorrhage between the layers of the mesentery adjoining the inflamed piece of bowel. Whether this can have been the primary accident is a question which I cannot attempt to determine; but it is interesting to note that there have been recorded cases of mesenteric hæmorrhage discovered post mortem, in which no other cause was found for the fatal event. (See report of meeting of the Medical Society, December 5th, 1881, THE LANCET, December 31st.) The immediate cause for the somewhat remarkably sudden death in the present case was in all probability acute distension of the stomach by upward overflow of the contents of the small intestine. Up to the moment before death the vomit was simply bilious; at the moment of death, yellow fluid poured in quantities from the mouth; after death the stomach and upper part of the intestines were found uniformly distended with the same fluid.

Upper Bedford-place, W.C.

ON THE IMPORTANCE OF CONTINUOUS EXTENSION AFTER TENOTOMY IN CASES OF CON- GENITAL TALIPES, WITH TARSAL DEFORMITY.

BY FREDERICK CHURCHILL, M.B., &c.,
SURGEON TO THE VICTORIA HOSPITAL FOR CHILDREN.

HAVING had "a run" of these cases of late in my hospital practice, a brief record of the line of treatment adopted will perhaps tend to elucidate some of the difficulties experienced in obtaining permanent good results after division of tendons. Not only is it necessary that the distorted limb be placed in its rightful position by the division of parts, whether tendon or fascia, that hinder by abnormal contraction the extension of the foot, but far more important is the maintenance of the limb by continuous extension in that exact position which it is intended ultimately to assume. By forcible manipulation under chloroform many of the fibrous bands and interosseal ligaments which had helped to keep the limb in a wrong position can be stretched or divided, and the astragalus brought up to its normal position under the articulating surface of the tibia. Care, of course, must be taken so to manipulate the bones as to preserve the double arch of the tarsus. I am not one of those who think we can effect much without the division of tendons, nor do I place much faith in Scarpa's shoe as a means for counter-extension. It is fortunate that with better educational advantages and improved means of transit, parents are finding their way to hospital at an earlier period than formerly. The district surgeons, too, though well able in many cases to perform these operations, are finding out the advantage of early treatment, and the benefit to be derived from sending their patients to hospital towns, where skilful and patient continuous nursing as an adjunct to special surgical treatment is now valued and appreciated. I cannot too strongly protest against the folly of depending upon complicated and expensive mechanical appliances which fail to keep up continuous extension, though designed for that purpose. By adding weight to the already impoverished limb they rather increase than diminish the deformity. To see the children parading the streets, their limbs encased in iron, with the idea that in some unexplained way the distorted limb will come straight, is only equalled by the credulity of the mother who, when told that iron was good for a rickety child, ordered its limbs to be encased like an ironclad, with a sailor suit to match. When the deformity has become so marked that the child is accustoming itself to walk upon the sides, instead of the soles, of the feet, the joint surfaces

have been so moulded by the altered position of the foot, and the tendons have become so rigidly contracted within their sheaths, that to rectify such malposition needs great care and assiduous treatment by continual pressure in the direction required to rectify the deformity. It cannot be supposed that any instrument maker, however large may be his experience, and however skilful he may be in the manufacture and adjustment of appliances, can be so acquainted with the physiological processes of repair and methods of accommodation during the period of growth as to be able to arrange for all the little niceties needful for keeping up continuous extension. As a fact, the parents too often live within a charmed circle of their own ignorance. Scarpa's shoe, with all its screws and straps, and purchased at a somewhat prohibitory price to many, presupposes to the uninitiated a guarantee of its hidden powers for self-adjustment.

As regards division of tendons, I find that the tendo Achillis requires division in the great majority of various deformities, simply because the gastrocnemius pulls the foot inwards as well as backwards during the flexion of the foot. The broad insertion of the tendon into the os calcis and the solid sheath encasing it permits of free division without absolute separation of all the attachments. By careful bandaging of the foot and leg the leverage obtained by the extensor muscles is to a great extent restored. As soon as all muscular impediment to the rectification of the foot is removed, there remains a considerable amount of distortion from the paralysed state of the extensor muscles. To obviate this I carefully apply a plaster-of-Paris bandage over a flannel "protective," bringing the foot up into its proper position by very firm manipulation, and keeping up this extension until the bandage has "set." By this means I succeed in procuring rigidity of appliance together with liberty for muscular effort. By galvanism and friction of the extensor muscles the tendons contract, and after three or four renewals of the plaster-of-Paris encasement the foot generally regains its normal position during the process of growth and development. Occasionally I fit a piece of webbing round the metatarsal bones and attach to the outside of it a length of solid elastic. The proximal end of this may be passed through a clip fixed to a garter below the knee. Continuous extension will in this way effect considerable rectification of the distorted parts. It will often be found useful with older children who are able to walk, and who have not such pliable and easily-moulded feet as young infants. I generally persevere for months with the treatment, and seldom require any mechanical appliance, not even in those extreme cases where the astragalus almost touches the ground.

Cranley-gardens, S.W.

FATAL CASE OF POISONING BY ERGOT OF RYE.

BY A. DAVIDSON, M.B., &c.

ON Saturday, June 3rd, about 4 P.M., I was called to see M. M.—, aged twenty-eight, lately a hospital nurse. She was said to have "burst" a bloodvessel. On entering her room I observed a basin of reddish-brown pultaceous matter, said to have been vomited by the patient about 8 A.M. I was informed she had vomited something like it a few days previously, and, complaining of lumbar and arthritic pains, had expressed a fear that she was going to have rheumatic fever. Late on the previous evening she had passed a very hard motion, and a quantity of urine which looked like blood. About the same time, also, she had vomited half a pint of blood. During the evening and morning she gradually became worse.

On my arrival the face, eyes, neck, and upper portion of chest were intensely jaundiced. The intensity of the jaundice diminished from above downwards, till at last it disappeared altogether. She had a pair of genuine "black eyes." The rest of the body had a natural appearance. The expression was anxious, and the general condition maudlin. Occasionally fits of stupor and of apathy ensued. There was no alcoholic odour, but during the evening a distinct etherish smell could be perceived. The lips were slightly swollen, and covered with dry black blood. The tongue was also slightly swollen, dry black blood covering