

practice of giving to children indiscriminately alcohol in undiluted doses, and without medical advice, that "overlying" is often simply a fiction, and that frequently there are evidences of disease before the occurrence of so-called sudden death. Thus the cases raise questions of vital importance, and they are reported, not because of any peculiarity, but because cases similar to them occur frequently in which no inquiries are held at all, and the public good is on that account endangered.

CASE 4.—A female child, aged four months, was brought dead into Charing-cross Hospital in November, 1876. The body was well-nourished and external examination contra-indicated chronic disease. The friends had urged that the child, while in apparently good health, must have been seized with convulsions during the night, and died therefrom, as it was found dead in bed. The body, three days after death, was limp, and showed few signs of post-mortem lividity. On the left side of the face, the body having been for some time on the back, was an imperfect lividity, difficult to decide whether post-mortem, or due to bruising, because Mr. Potts, the resident medical officer, declared that this one-sided discolouration was far more decided when the body was brought to the hospital. At the time of admission there was a diffuse discolouration of the left cheek, which had become less distinct while the child was lying on the back. Sections through the skin at the post-mortem showed that the discolouration left was due, in part, to slight extravasations of blood into the cutis vera, and that the appearances observed by Mr. Potts at the time of admission were probably due to the combined effects of bruising during life and of post-mortem hypostasis. The lungs and heart were removed *en masse*, and a large quantity of dark liquid blood escaped from the right auricle and from the venæ cavæ. The lungs were generally congested; their surfaces for the most part blackish, but free from vesicular ruptures or dilatations; but here and there were pink-coloured patches resembling the general appearances of the lung-surfaces in young children. Pulmonary congestion was most decided in the lower lobes; frothy serum exuded from their cut surfaces, and even from those through the apices. In the heart no clots were found; the left ventricle was firmly contracted, and the heart's apex bent on itself backwards. In the trachea and bronchi was a diffused but patchy pink-reddening of the mucous membranes, not extending to the tissues beneath. This was very marked in all parts above the bronchial bifurcation, and the pinkness of the large patches contrasted very strongly with the adjacent snowy whiteness of the mucous surfaces. The liver was but little congested; the kidneys as little. The stomach was empty, and its mucous membrane white. The brain was reduced to a pulpy condition; but, examined *in situ*, it was found highly hyperæmic, especially its membranes over the convexity, and on section there was a great increase in the number of blood-spots.

It was concluded that the child had been overlaid for these reasons: the appearances of bruising, such as might arise in the accident of overlying, on one half of the face; the almost general congestion and oedema of the lungs; the pink patchy discolouration of the mucous membranes of the trachea and bronchi; the excess of dark blood in the right auricle and venæ cavæ; the empty state of the left side of the heart; the hyperæmia of the brain and its membranes; and the absence of any other cause of death in a child free from disease and exceedingly well nourished.

AFTER-HISTORY OF A CASE OF OVARIOTOMY.

By LAWSON TAIT, F.R.C.S.

IN THE LANCET of Oct. 25th, 1875, I published a brief note of a case of ovariectomy in a young girl in which the operation was made to cure a complete protrusion of the uterus. The operation was performed on August 18th, 1875, and after her recovery from it, until about May last, she remained in perfect health. She came to me then with indications of a general failure in her health, obscure pelvic pains, a slight amount of ascites, and a small fixed mass behind the uterus. For a month she took chalybeates, and

returned to me much improved in her general health, but with more ascites and with the retrouterine mass increased. In the beginning of July the increase of the ascitic effusion and of the tumour was so marked that it became evident something must be done. The age of the patient (nineteen) made me hesitate to pronounce it a case of cancer of the peritoneum, to which view I strongly inclined. The only alternative which seemed to me reasonable was that the other ovary had become cystic, was fastened in the pelvis, and was producing the ascites by pressure on veins. I deemed it therefore right to make an exploratory incision, and this I did on July 15th, assisted by Mr. Lloyd Owen and Dr. Carter. In the operation the only noteworthy point was the absolute perfection with which union had taken place between the tendinous structures divided in the previous operation—a result which is not always obtained after abdominal section.

When the peritoneum was opened, and the fluid evacuated, the lesion was found to be the papillary form of cancer of the peritoneum (described at length in my book on Diseases of Women, p. 292). Small papillary nodules were scattered over the whole surface of the parietal peritoneum within reach, and on the surface of the small intestines. The pelvis was occupied by several masses, the largest of which, about the size of an orange, seemed to embrace the rectum, and this it was which had been previously felt from the vagina. At the posterior surface of the uterus several nodules were felt, but the remaining ovary (the left one) was perfectly healthy. The right cornu of the uterus was tied up to the lower angle of the wound by a firm band about a third of an inch in diameter, representing the pedicle of the tumour removed nearly two years before. She recovered from this operation, went home, and died after great suffering on the 27th of August.

I have again examined the tumour removed from her with great care, and can discover no appearance of papillary growths about it; and, as she remained in perfect health for at least eighteen months after the operation, I can only regard the access of the papillary growth as an independent event.

Birmingham.

A MIRROR OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

CASES OF MALPOSITION OF THIGH, AFTER HIP-JOINT DISEASE, TREATED BY ADAMS'S OPERATION.

(Under the care of Mr. BRYANT.)

ON Dec. 1st, 1869, Mr. William Adams practised for the first time his ingenious operation of subcutaneous section of the neck of the femur for bony ankylosis of the hip-joint with malposition of the limb. In that case the thigh-bone was flexed upon the pelvis at a right angle, and firmly ankylosed in that position. When shown at the Medical Society on April 25th, 1870, the patient could bear the weight of his body upon the leg, and walked about the room without assistance. Seven months later he could walk three or four miles with ease, and six months later still (that is, about a year and a half after the operation) he could "walk seven or eight miles with ease with the aid of one stick." Since then the operation has been repeated several times by Mr. Adams, and has been successfully performed by Mr. Jessop, of Leeds; Mr. Furneaux Jordan, of Birmingham; Mr. James Hardie, of Manchester; Mr. F. W. Jowers, of Brighton; Mr. Bryant, and others.

In Mr. Adams's first case the ankylosis had resulted from rheumatic inflammation, and later experience has