

office and reported that vomiting still persisted and that the bowels had not moved. I ordered very small dose of atropia with bismuth and chloroform every half-hour till the vomiting should cease, the oil and the mustard plaster to be repeated and an injection to be given. I saw the child during the forenoon. The pulse was very rapid and throbbing; vomiting had somewhat subsided and the patient seemed to be in less pain. The bowels had not moved, and I ordered oft-repeated injections till the desired result should be obtained. I was telephoned for at 6.30 in the evening, and on arriving found the child in convulsions and in a warm bath. I administered chloroform and ordered a mixture of potassium bromide and chloral, and another with drop doses of *ol. tigllii*. The little patient was unable to take either, and on my return in an hour and a half she had just breathed her last.

Post-mortem on the 20th February. On opening the abdomen the stomach was found immensely distended and its surface covered by an apron which could not be raised, and in front of this again the spleen carried to the right of its normal position. The intestines were empty with the exception of one or two semi-solid lumps in the head of the colon. On passing the hand over the stomach it was found that a portion of the large intestine had escaped into the thoracic cavity. The thorax was now opened and the protruding, or rather intruding, mass of intestine was seen covered by a serous sac (pleura and peritoneum); behind this the kidney was also found—in the thorax, but not in the sac with the intestine. I now decided to remove the stomach. Messrs. Ellis and Barber, who made the *post-mortem* under my supervision, found that the relative position of the cardiac and pyloric orifices was reversed, and that the stomach had been twisted on its vertical axis. It was opened, and a congested patch was found on the mucous surface. The stomach contained a large quantity of fluid, more than a quart. The diaphragm was carefully dissected, and it was found that the muscular coat had given way and that the peritoneum and pleura had been shoved in front of the intestine, forming a hernial sac.

Since the death of the little patient I have been told that a week or so before her illness she fell off a sofa striking on the top of her head. Three theories may be advanced to account for the condition and symptoms: (1) That rupture of the muscular fibres and some displacement of the viscera took place at the time of the fall, giving rise to the subsequent vomiting, by which the hernia was incurred; (2) That the hernia caused the vomiting; (3) That the violent vomiting caused the hernia. The first appears to me to be the most probable.

ARRESTED DEVELOPMENT OF A FŒTUS.

Dr. Machell, on 1st of March, was called to see Mrs. B., who was then having hard labour pains, and shortly after he entered the room passed a foetus in its membranes with the placenta. It appeared to be between three and three and a-half months old. The sac was of a dirty brown colour and contained the usual quantity of fluid, which was also of a dirty brown colour. The placenta had a much fresher appearance, its maternal surface being apparently covered with a thin layer of inflammatory material.

The mother gave the following history: Has had three children, with an equal number of miscarriages—a miscarriage after each child. The last child is now 20 months old. Menstruated about the middle of July, and supposed herself for four or five months to be pregnant. As she had not been getting larger lately she thought something must be wrong. Except for a sharp gush of blood for a few minutes about Christmas time, she was perfectly well all through.

The foetus must have been dead for at least three months. What caused its death? There is no specific history and the patient could assign no cause for it except several consecutive days of hard work early in November. This would be about the time of its death, to judge from its size. A reasonable explanation would be that at that time some inflammation took place between the placenta and uterus, cutting off the blood supply to the former. This theory would seem to be borne out by the appearance of the placenta.