

dant on the scarlatina, but what did the post mortem show?

1st. The *Head*.—Effusion of serum beneath the membranes of the brain.

*Chest, Lungs*.—Congested serous effusion into the pleura and pericardium.

*Heart*.—A decolorised fibrinous clot plugging up the pulmonary artery.

*Peritoneal cavity*.—Serous effusion.

There were no traces of albumen nor casts in the urine.

Case 2.—The mother of this child was under my care for some time. She became pregnant with twins, and suffered considerably from hydrops-amnios. One of the twins was arrested in its development at about the fifth month. The mother was delivered at the full term of a fine healthy child and of the arrested fetus. The living child appeared to do well for three weeks or a month, and then the mother lost her milk and the child was hand-fed. It then began to fade away, and became anæmic like the mother. At times it would appear to improve and give promise of doing well, then fall off again, and so matters went on for eighteen months, when suddenly the child, one morning, appeared faint and died without making a single cry, as it was lying on its back in its cot.

The post mortem revealed the following appearances :

Externally the child was pale and wasted. There was effusion into all the serous cavities and fibrinous concretions in the heart. The pericardium was distended with serous fluid to such an extent that, on pricking it, the serum spurted out. In this case the serum was outside and fibrinous concretions inside the heart. Was this the result of osmosis dependent upon an altered condition or alotropic state of the saline constituents of the blood, or was it an inherited predisposition traceable to the disease of the amnion?

Case 3.—Mr. W.'s child, aged 9 months. This child was put out to nurse and fed by the bottle. It was one of those baby-farming cases. The nurse frequently, nay, almost habitually, dosed it with Mrs. Winslow's Soothing Syrup. It was in a comatose state for hours. The child became pale, anæmic and shrivelled. It died suddenly. There was no evidence that, on the day of its death, it had any soothing syrup given to it, or any other opiate. The post mortem revealed

serous effusion in all the serous cavities, and fibrinous concretions in the heart. These concretions were not post, neither clots, they were colorless and organized. It is admitted that noxious gases absorbed into the blood affect its coagulability. What part then did this chronic opium poison play in causing the fibrinous concretions found in this case. Was it directly by interfering with the dynamics of the circulation, or was it by inducing an imperfect assimilation of food and the elimination of effete matter, thus depriving the blood of its normal constituents or catolytic properties?

Case 4.—The next case was that of a child that had recently recovered from an attack of diphtheria. The child was exceedingly weak. It appeared slightly paralyzed; the heart's action was feeble but excited. The child grew worse suddenly, and died apparently from exhaustion. The post mortem shewed serous effusion into all the serous cavities and fibrinous coagula in the cavities of the heart and large vessels. Was the plugging in this case due to the contagion of diphtheria circulating in the blood, or to the depression of the nervous system as indicated by the heart's action?

In this group of cases three conditions appear to be constant, viz: 1. Serous effusion into the serous cavities. 2. An antecedent anæmic condition of the blood. 3. A fibrinous concretion in the heart or large vessels. These conditions supervene, not unfrequently after the little patient has passed through some acute zymotic disease. It is exceedingly annoying, after carefully watching a case of malignant scarlet fever or diphtheria through the acute stage and giving favourable prognosis to parents and friends, all at once to be summoned to your little patient, either to find the child dead or beyond your power to assist in prolonging life, and this to have come upon you unawares, and thus place you in that unpleasant position, that you are bound mentally at least to confess that you did not expect such a termination to the case.

I feel fully persuaded that if post-mortem inspections were generally made in cases of children that die from acute diseases, that fibrinous concretions in the heart and large vessels would not unfrequently be found to be the cause of the sudden deaths in these cases which are recovering from zymotic disease.