water was then thrown into the house; but Hillier was not brought up for nearly an hour.

On my arrival, about half an hour after Knee had been extricated, I found him respiring feebly, much convulsed, and totally insensible. After applying the electro-galvanic current, at intervals, for half an hour, he was able to articulate, but remained insensible to what was going on around him for a long time. At length he recovered.

As soon as Hillier was brought up, I inflated the lungs, and applied electro-galvanism for an hour and a half. Frictions and hot blankets were also resorted to. The surface was very cold, in consequence of the large quantity of water which had been thrown upon him while lying on the ice. Respiration and pulsation at the wrist had both ceased; but, after continuing the current for the time above stated, the jugular vessels became much distended, and the face livid. I then opened the jugular vein, and about half a pint of blood flowed freely. As the body and extremities remained cold, and no attempt at respiration could be perceived, I placed him in a warm bath, but found, within two or three minutes, that galvanism ceased to produce even convulsive action, and that any further attempts to restore animation were useless.

REMARKS. As regards the first case, there can be no reasonable doubt as to the length of time during which the woman was totally immersed. A boy, who saw her walk into the river, ran by the side exhorting her to endeavour to get out, until he saw her finally sink in deep water. He then ran a mile to give the alarm; and an equal portion of time, necessarily occupied by him in so doing, must have been spent by those who came to render assistance. It is to be feared that many lives are sacrificed, under the supposition that the period of immersion has been too long for any efforts to be successful.

I found it requisite to continue the galvanism as above described, as the respiration became feeble and almost imperceptible whenever it was discontinued. While the patient was being carried home—a distance of a mile—and after she was placed in bed, she continued to groan loudly without the assistance of the battery; but the jugulars were much distended, and the lungs and brain probably congested from the long immersion and cold weather.

The ice-house had been opened for some time the day previously to the accident which befel the two men. Might not the carbonic acid have been generated by the oxygen supplied to the carbon of the decomposing and fermenting straw and faggots, upon which the ice was placed? The same parties had been down on the preceding day, when there was no foul air. If this be correct, such accidents may be prevented for the future.

We constantly find, in medical works, or in charts containing lists of remedies in cases of accident or poisoning, the warm bath recommended as of great value. We must, however, remember that nothing is to be more dreaded than syncope; for then the functions of respiration and circulation are almost or altogether suspended, even although previously thoroughly established. In cases, then, of asphyxia, or (speaking more properly) of apparent death by apnoea, frictions and external dry warmth will restore the excitability of the reflex functions; but, after restoring, we may again exhaust by the continued application of one stimulant, even warmth. But by employing, at intervals, electricity, warmth, and other stimulants, we shall excite the reflex function without exhausting or destroying it.

The cold douche also, if employed immediately after the poor man had been exposed to the carbonic acid, might have saved him by exciting the reflex function; particularly as each bucketful carried with it a current of atmospheric air, which would have been inhaled with each sudden inspiration.

The battery used in the case of drowning was a powerful four-celled Daniell's (kindly lent by W. H. Fox Talbot, Esq., of Lacock Abbey), with a large coil and regulator, and in good working order. The other used was Smee's, by Messrs. Horne and Co., and was such as is commonly employed for medical purposes.

Abbey House, Malmesbury, Wiltshire, March 1853.

CASE OF MALIGNANT DISEASE OF OVARIES: SUDDEN DEATH.

By GEORGE KING, Esq.

CASE. Miss H., aged 47, a dressmaker, single, of cachectic diathesis, applied to me on 27th November 1852.

A short time previously, she had discovered a swelling in the left iliac region, which she assured me she had only very recently noticed. On examination, I found a tumour of considerable size occupying the greater part of the iliac region of the left side; it was circumscribed, and gave the sensation of indistinct fluctuation. She had experienced very little pain or inconvenience, nor was the tumour tender.

On examination *per vaginam*, the os and cervix uteri were found healthy, and the uterus itself appeared of normal size. The catheter entered the bladder obliquely, but no urine was found there. The catamenia had flowed with tolerable regularity until quite recently, and her general health had been tolerably good.

On inquiry, I found that the bowels had been somewhat confined; and thinking there might be some fecal accumulation, she was moderately purged for several days without diminishing the tumour. At the end of a week, there being some tenderness over the tumour, leeches were applied several times, and calomel with opium given. When the inflammation had subsided, iodide of potassium was administered internally, and the unguentum iodinii comp. applied over the surface of the tumour.

Having persevered in this treatment for some time without any benefit, and feeling that the case was one of considerable obscurity, I urged her to see Mr. Norman, of Bath. He quite agreed with me as to the obscurity of the case, and that the tumour contained fluid; but whether it was an abscess or a softened cancerous tumour, he could not say, although from the history of the case he inclined to the former opinion. In this uncertainty, he recommended that we should wait the further development of the case, and in the interim give some simple tonic. This plan was persevered in for some time, and the case remained in much the same state until the 26th February 1853, when I was hastily summoned to her. I found her in a state of extreme collapse. She revived, however, under the free use of stimulants; and when I saw her next morning, she was almost as well as usual. About eight o'clock that evening, however, I was again hastily summoned to her, as her friends thought she was dying. I went immediately; but before I arrived, she had expired.

EXAMINATION OF THE BODY fifteen hours after death. The body was well formed, but slightly emaciated, and bore the appearance of a person who had died of hæmorrhage. There was a tumour in the left iliac region; but it appeared less prominent than during life. On opening the abdomen, the bladder was found to contain about twelve ounces of urine, and was firmly adherent to a large tumour posteriorly. The tumour, with the bladder and uterus, were removed. The uterus was of normal size. There was a large cyst which originated in the left ovary, occupying the left iliac region, and firmly adherent to the bladder. This tumour contained about a pint of grumous fluid; and behind it, at its base, were several smaller cysts containing encephaloid matter in different degrees of softening. There was no other trace of the left ovary remaining.

The right ovary was not so entirely disorganized; but there were two cysts connected with it, which contained encephaloid matter, but no fluid. There was scarcely a trace of peritoneal inflammation, nor was there any extravasation of fluid in the peritoneal cavity. As far as we could ascertain, there was no disease of any other organ.

The marked absence of pain in this case inclined us to hope that it was not malignant, and favoured the opinion that it was deep seated abscess. The sudden termination of the case was quite unexpected; nor did the *post mortem* examination clear up the difficulty; and it still remains a question what caused the sudden termination of life.

Melksham, Wiltshire, March 26th, 1853.