Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF EMBOLISM OF THE RIGHT INNOMINATE VEIN.

By F. S. CREAN, M.D., CH.B. DUB.,
SENIOR ASSISTANT MEDICAL OFFICER TO THE BERMONDSEY INFIRMARY, S.E.

A MAN, aged 63, was admitted to the Bermondsey Infirmary on Nov. 18th, 1913. Ostensibly he sought admission on account of an attack of vomiting and diarrhoea, symptoms which rapidly subsided. He was extremely deaf, and could give no clear information concerning his previous health. When examined he was found to have an enlarged heart, with a systolic bruit at the apex conducted towards the axilla. Albuminuria was present, while the liver could be felt about an inch below the right costal arch. The temperature was normal, and remained so throughout the illness. Some few days after admission the patient complained of dysphonia, a symptom which became progressively distressing from day to day. It was now found that there were flatness of percussion note and diminution of breath sound at the right pulmonary base. Eight days after admission venous pulsation in the neck, which had not hitherto been evident, was observed, and presented the striking peculiarity of strict limitation to the left side. This latter appearance was speedily followed by the onset of oedema of the right chest wall and arm, while the radial pulse became obliterated. Within three weeks of the patient's coming under observation gangrene of the right upper limb had become established, the process spreading from below upwards. Prior to death, which occurred in less than four weeks, there was inceptent gangrene of both feet. A diagnosis of mediastinal growth was made.

At the necropsy a thrombus filling the right innominate vein completely, extending into the right internal jugular vein and compressing the subclavian artery, was found. The thrombus extended through the superior vena cava to the right auricle, but the obstruction in the vena cava was incomplete. Both tricuspid and mitral valves were incompetent, while the right auricular appendix contained a fragment of ante-mortem clot. There was an effusion of serum into the right pleural cavity. There was no new growth.

Bermondsey Infirmary, S.E.

FATAL INJURIES, INCLUDING RUPTURE OF THE DIAPHRAGM.

By HERBERT WHITE, M.R.C.S. ENG., L.R.C.P. LOND.,
SENIOR SURGEON, ROYAL NAVY.

An account of the following injuries, including rupture of the diaphragm, may be of interest to readers of The Lancet.

The victim, a man aged 46 years, was standing on the sill of a dry dock superintending the lowering and placing in position of spars reaching from the side of the dock to a battleship. These spars weigh about 175 lb. While one was being lowered the rope carried away, and the spar falling struck