Thus far I have ventured to suggest from analogy; but the subsequent action of the poison and its continued connexion with the train of symptoms which follow, and the final result,—as also whether the germination or growth of the cell proceeds far enough for the giving off of others before it dies, and, if so, whether by these diseased action is kept up until either they are gradually destroyed by the opposing forces within, or they themselves succeed in setting up an amount of morbid action through the system which proves fatal to the individual,—all these are questions upon which, with our present knowledge, we can but generalise.

(To be continued.)

ON A CASE OF EMBOLISM OF THE RIGHT VENTRICLE OF THE HEART,

COMPLETELY OBLITERATING THE CALIBRE OF THE
PULMONARY ARTERY; RAPID DEATH.

By R. RICHARDSON, L.R.C.P.E., F.G.S., &c:

By Embolism (*εμβολος*, a wedge or stopper) we understand that a vessel has been obstructed by a fibrinous clot, which might have formed in the heart or in the circulatory system, either arterial or venous, and by impulsion forced into a vessel so as to obliterate its cavity completely. The consequence attending such an accident depends upon the importance of that vessel to the function of life. When it occurs in the pulmonary artery, death is almost instantaneous; if the vessels of the brain, it causes apoplexy and softening of the brain; but if the arteries of the limbs are affected with it, gangrene of the part is the result.

These concretions are sometimes found in both sides of the heart, but more frequently in the right. Authors differ in opinion as to the mechanism of the formation of these clots. Some hold that the arrest of circulation and stagnation of blood in the heart is the cause; others, that inflammation of the internal membrane of the heart, valves, or vessels is the primitive cause of them. But I am inclined to believe, from the following case, that the cause in some cases must be in the blood itself, as there is no history of any previous illness whatever up to the day of death.

On Sept. 24th I was called to see Miss T—, aged eight years and a half, who was taken suddenly ill. On my arrival I found her in bed constantly spitting, and sometimes vomiting, some frothy mucus; her countenance looked pale, eyes sunken, and no pulse perceptible at the wrist; the action of the heart was tumultuous; very deep inspirations; feet and legs icy cold. I could at once see the serious aspect of the case. She did not complain of any pain, only of something in her throat. She turned over on her left side herself, and, with a deep inspiration, expired, as if with a sigh. She possessed her faculties to the last, and was dead in about ten minutes after my arrival, and all that time I was present.

The history of the case is as follows. She had been to church on the Sunday, and on the Monday she was about as usual, but complained rather of headache. On the Tuesday (24th) she complained of a great quantity of phlegm coming in her throat, and when she moved it produced a vomiting; nothing but phlegm, which was very tenacious and frothy, came up. She was carried to bed about three o'clock p.m., and died about six the same evening, having been about the house in the morning.

The question naturally arose, what could have caused such rapid death? She was very tall for her age, and of a fair complexion, clear skin, and altogether she had a tubercular diathesis. Her mother died suddenly when my patient was about a fortnight old, after having suffered nearly a fortnight from phlegmasia dolens. I have no doubt an embolus was carried by the circulation into the pulmonary artery, and that accounts for so sudden a death.

As there was no reason for suspecting foul play, I could not very well account for so sudden a death in a child, as there was no symptom of any previous disease of the heart or of the brain. So, on the Friday, in conjunction with my friend, Mr. Rowland, F.R.C.S., of Strata Florida, who kindly assisted me, a post-mortem examination was made.

On inspection of the body there was nothing particular to

observe; the body was well developed and very tall. On opening the abdomen we found all the viscera healthy; the stomach was healthy, and contained about an ounce of dark-coloured fluid; the spleen was congested, and the liver rather large.—Chest: The pleura and pericardium were healthy; the lungs were very much congested, and the bronchiæ were full of frothy mucus; the left lung contained milary tubercles. The heart looked normal. On opening the left ventricle, it was found to contain only about a drachm of dark blood; all its membrane and valves healthy; the auricle also healthy. On opening the right ventricle we found an embolus, about two inches and a half in length, an inch and a half in breadth, and about half an inch in thickness, which plugged completely the pulmonary artery. It was not adherent to the membrane nor the valves of the heart; its colour was pale-red, much like the appearance of uncooked veal. The right auricle was healthy. The head was not opened.

This case must be considered as quite unique, coming on without any apparent anterior cause. As we find the clot perfectly free from any adhesion to the heart or its valves, we must conclude that it was of recent date, probably not more than twelve hours, as when it commenced to develop it must have caused a certain amount of trouble in the system, which we do not find here before the fatal day. It must have been caused by the state of the blood itself—from the dyscrasia of the tubercular state as containing some morbid material. My namesake, Dr. Richardson, attributes the fluidity of the blood to the ammonia it contains; but it yet remains to be proved whether, in a case like the one above narrated, embolism occurs from lack of that substance.

Rhayader, Oct. 15th, 1867.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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.

HOSPITAL OUT-PATIENT PRACTICE.

WE resume this week our glance at the treatment of some common affections which is adopted at certain of the metropolitan hospitals. The subject of bubo,—especially venereal bubo,—is one upon which it is always interesting to compare the views held by various experienced observers. No doubt we do not often see in the well-nourished classes those cases of suppurating bubo which, from the altered condition of the skin of the groin, are a source of endless trouble to the surgeon. Still, every now and then, in peculiar constitutions, a case may be met with which is disheartening enough to the medical attendant, who would be very grateful for any hints which were likely to help him out of his difficulty.

BUBO.

GUY'S HOSPITAL.

The following is an outline of the methods of treatment adopted by Mr. Durham in the ordinary forms of bubo.

1st. In the case of the numerous, slightly enlarged, hard, painless glands usually associated with true syphilitic sores, no local treatment is considered necessary. The glands participate more or less directly in the general treatment. This essentially consists, in the majority of cases, in regular mercurial inunctions about the inguinal regions.

2nd. In the case of the less numerous (or single), more enlarged, painful and tender, but still somewhat hard, glands, associated with simple or suppurating venereal sores, or with syphilitic sores which have become inflamed, or sometimes with gonorrhœa, rest, as thorough as possible, is enjoined. At the same time, all practicable measures are taken to remove the irritation and allay the inflammation of the parts primarily affected. When it can be borne, continuous pressure is main-