engaged in a warm moist atmosphere." With regard to the eruption being observed on the face, which Dr. Spedding mentions, I think it is accounted for by the person wiping her face, whilst it is perspiring, with oily hands.

Belfast.

CASE OF

THROMBOSIS FOLLOWING INJURY OF THE LEG; RECOVERY.

By CAREY COOMBS, M.D. LOND.

MR. W— is a farmer, aged fifty-seven. He had been healthy and hardworking until the year 1864, when he had swelling of the abdomen and legs for several weeks; but after this was gone he had little sickness until 1866, when he had an attack of broncho-pneumonia. He was then very ill, but made a good recovery.

In the last week of August, 1870, he was helping a man to carry a heavy oak sapling, when the man's end dropped. Mr. W— thus received an extra amount of weight, and let the log fall upon his right thigh just above the knee, so that the leg was immovable, and he could not get rid of the piece of timber until help came.

When first seen (Sept. 1st) a few days after the accident, the right thigh presented slight swelling on its inner side (lower third), which was tender on pressure and painful. Rest and a cooling lotion were prescribed; but the pain remained, and the leg began to swell. On Sept. 15th there was vomiting, which lasted for several days. The right thigh swelled, and continued doing so until the skin was tense and shining, when the other leg became œdematous, then the nates, then the abdominal wall, the swelling extending up the back to the spines of the scapulæ early in November. On Sept. 27th he had a severe rigor, but it was not followed by any marked change in the symptoms.

There are no exact notes of the state of the urine &c. at this period, but albumen was never found in the fluid, which was frequently examined during the illness.

The treatment had been palliative merely up to the middle of October, when mercurial pill was given for a few days. On the 31st October a pill containing digitalis, blue-pill, and squill, of each one grain, was prescribed, and was given night and morning for three weeks. After this, dilute mercurial ointment was rubbed into the thighs for eight or ten days. At this period (end of November) the swelling of the abdomen, back, and legs grew less, and gradually disappeared. Four months after the accident the œdema of the trunk and legs had passed away, but elastic bandages have been applied to the legs ever since, and the swelling reappears in them now and then.

He is at present (November, 1874) attending to a small farm, but suffers much from dyspnoea on active exercise, from discomfort in the abdomen on stooping, and from sharp pain in the epigastrium when he lies on his back. His appetite is good, his tongue clean, and he has rather a healthy appearance, except on the approach of cold weather, when the lips and ears become blue and the face has a "congested" look, which suggests impeded circulation. His urine is almost always high-coloured, and contains much deposit of urates, and he has a tendency to constipation. Both these conditions are favoured by a habit of drinking very little fluid of any kind at any time. The cutaneous veins of the abdomen are large and tortuous, and fill from below, and the epigastrium is distended by a large tumour, which pulsates, expanding laterally as well as anteriorly. This movement, and the epigastric pain felt on lying down, are increased by cold. A loud rasping murmur (systolic) is audible over the tumour. The heart is large and very irregular in its action; there is a loud murmur with, or rather *taking the place of*, the first sound, most audible on the left side of the sternum; the second sound is double. The lungs appear to be healthy, and there is no cough.

Remarks.—There can be little doubt that there was plugging of the femoral and iliac veins and inferior cava, and that the obstruction was clearing away at the time that the mercurial treatment was pursued. The exact amount of injury to the circulatory system during the illness cannot

be defined, because there are no data as to the state of things beforehand. It is certain that the abdominal veins were not tortuous, and that there was no pulsation in the epigastrium *before* the accident. Of the cases published in THE LANCET this year, of sudden fatal results from like causes, Dr. Browne's most resembles the above case.

Castle Cary, Bath.

INTESTINAL OBSTRUCTION OF ELEVEN DAYS' DURATION; STERCORACEOUS VOMITING; RECOVERY.

By A. H. BREWER, L.R.C.P. LOND., M.R.C.S., &c.

E. G—, single, a spare, healthy-looking man, aged forty-nine years, came to my surgery this evening (Oct. 29th, 1873), complaining of violent, colicky pain in the abdomen, which began slightly this morning, and has gradually increased in severity through the day. He says that for the last three or four days he has not felt in his usual health, but attributes this attack to an "over-dose" of steak-and-kidney pudding, of which he dined too heartily yesterday. He states that he always enjoyed good health, the only ailment which has ever troubled him being slight occasional attacks of "spasms in his bowels." The last occurred about two months back. He appears in great pain, and sits or stands with his arms across his abdomen. His face is pale, and expression anxious; skin cool and perspiring; tongue coated and flabby; has been sick three or four times during the day; bowels acted naturally this morning. There is slight general fulness of the abdomen, with tympanites; no localised or general tenderness; the greatest amount of pain is referred to the right iliac and hypochondriac regions. He was ordered to go to bed directly, and apply linseed-and-mustard poultices to the abdomen, and to take a mixture of ether and laudanum every four hours. This his stomach rejected, but a five-grain soap-and-opium pill every four hours soon relieved his pain, and on the 30th and 31st he was much as usual, except that his bowels did not act, although he took two podophyllin and colocynth pills and a drop of croton oil.

On Nov. 1st I took the following note:—He is not nearly so well this morning, the bowels have not acted, and he has been sick several times, the ejecta being of a dark unhealthy character. His expression is anxious, and he says "he feels very ill"; skin cool, and perspiring slightly; pulse 90, soft and regular; tongue dry, thickly coated with a white fur. He complains of a good deal of pain over the abdomen generally, but especially over the right iliac fossa, where there is marked fulness, dulness on percussion, and slight tenderness; the other regions of the abdomen are tympanitic. There is no hernial protrusion anywhere, nor is there history of any old abdominal mischief or of organic malignant disease; there is no tenesmus, no passage of blood or mucus from the rectum, nor is the rectum loaded with hardened faecal matter. Here is a case of intestinal obstruction, probably due to some mechanical blocking up of the caput coli. Ordered a copious injection of warm water (this returned without any sign of faecal matter), and a pill containing half a grain of acetate of morphia and half a grain of extract of belladonna every four hours, with hot linseed poultices to the abdomen.

Nov. 2nd.—No change in any of the symptoms. Advised to see Dr. Ward to-morrow.

3rd.—Met Dr. Ward in consultation. Symptoms remain unchanged. Ordered one grain of opium in powder, with one grain of sugar, instead of the morphia pills. The powders produced sickness, so the opium was simply moistened with water and made into a pill.

On the 4th the symptoms were unchanged until the evening, when he twice vomited undoubted stercoraceous matter.

5th.—Has not been sick since last evening. Expresses himself as better. After consultation with Dr. Ward, the same plan of treatment—opium internally and poultices to the abdomen—was continued.

6th.—General condition the same. No return of sickness.

7th.—Saw him in consultation with Dr. Ward. He has passed flatus from the rectum three or four times. To con-