Leeches and hot fomentations to the limb; a common purgative draught occasionally; calomel and opium with the diuretic mixture, as in the former case.

I persisted in this plan up to June 22nd, diminishing the quantity of mercury as it became requisite; no mitigation of symptoms had then taken place. The disease on the 10th day had seized the right limb, and extended over it with the same phenomena as had occurred on the left.

June 23. Both limbs are enormously swelled; the one first attacked has become less tense and hot, and its superficial veins are remarkably developed. The saphena vein of the right thigh presents a hard line in its course, &c., as marked by a slightly red appearance externally. Skin hot and dry; great thirst and restlessness; pulse 110; tongue slightly furred; bowels costive. Ordered,

*Iodine, gr. $\frac{1}{4}$;
Pot. hydriod. gr. x;
Aqua ξ iss; 4tis horis sumend.;
Haust. sennæ c. mag. sulph. p. r. n.;
Fomentations to the limb.*

26. The medicine has produced no unpleasant effect; symptoms much the same; nights sleepless.

*Pulv. ipecac. co., gr. x, h. s. s.;
Pergat.*

29. There is considerable abatement of the pain and tenderness; the left limb pits on pressure, the right remains tense, and the saphena hard. There is great general debility; pulse 120; skin hot and dry. Pergat.

After this time the distressing symptoms speedily subsided; there remained great swelling and debility of both limbs, with great feebleness of the general system. The medicine was continued till the 30th of July (the doses being gradually diminished in frequency), when the health and strength were re-established, and the extremities had recovered their natural appearance.

Remarks.—There are few diseases about which more contrariety of opinion has existed than phlegmasia dolens. Even at the present day there are many who dispute the possibility of its existence unconnected with the puerperal state. By Levret and other French authors, it has been considered as a "*depot du lait*." By one author (White) it has been ascribed to inflammation and obstruction in the lymphatic vessels; by another (Tyre), to inflammation in the lymphatic glands of the groin; while a third (Dr. Hull), with no less confidence, proclaims the disease to consist in a peculiar inflammation in the muscles, cellular membrane, and interior surface of the skin. It is

only very recently that the state of the veins in this disease has attracted attention. The histories of the above cases tend strongly to corroborate the opinion, that the cause of phlegmasia dolens is to be found in a peculiar form of phlebitis. This view of the pathology of the disease affords a very satisfactory explanation of its phenomena. The frequency of the disease in the puerperal state may, I think, be accounted for, by the morbid condition of the veins, so often induced by gestation, and the excitement of the system which succeeds parturition. It was curious to observe in the progress of the cases I have detailed, how, as the trunks of the veins became obstructed by inflammation, the branches about the limbs developed themselves. With respect to the treatment of this disease, I believe that we possess in iodine a remedy far more efficacious than any hitherto employed. I employed it in both the above cases before the acute stage had passed, and in both it seemed to exercise a decided control over the symptoms, without at all increasing the febrile excitement. If hereafter it should be found inapplicable in the first stage, it will at least be found highly valuable in the second stage of the disease, which, under the ordinary treatment, is always protracted and difficult of cure. In the cases above, the debility was great in both, and in the first extreme. Under the use of the iodine, the appetite and digestion became vigorous, and the strength was rapidly restored. In the first case after recovery had been pretty well established, there was a very considerable recurrence of the pain and tenderness, which were immediately arrested by a recourse to the iodine. I may mention, that the bronchocele, which was of considerable magnitude, was scarcely visible at the conclusion of the treatment.

North Walsham, October 9th, 1832.

CASE OF FATAL ULCERATION OF THE STOMACH.

To the Editor of THE LANCET.

SIR,—If you deem the following case of simple ulceration of the stomach, fatal by perforation, of sufficient importance and interest to merit a place in the columns of your excellent periodical, I shall feel obliged by its insertion. The individual whose case I am about to relate, a young woman, 28 years of age, had always been in good health, and shown no signs of gastric affection till Saturday, Sept. 29th, when she was suddenly seized with great pain at the pit of the stomach, and vomiting.

She was bled; a draught containing ether and laudanum was given, and some purgative medicine administered. By the following day she seemed almost to have recovered, and remained tolerably well till Friday, October 5th, when at four p.m. she was again suddenly attacked with violent pain in the epigastric region and left hypochondria. In a short time she vomited some bilious matter; the belly became tympanitic, and she complained of much pain in the loins and over the whole abdomen. Her bowels had been thrice open during the day. As the sickness was rather urgent, and the pain most excruciating, she was ordered to take repeated doses of calomel and opium, and some blood was abstracted from the arm. At twelve p.m. there was no abatement of the symptoms; the tympanitic distention had very much increased; the countenance was expressive of great anxiety, and she seemed to be suffering the most extreme agony. The pulse was 136, and very feeble, and the whole body covered with a cold sweat. I took twelve ounces of blood from the arm, which appeared to produce a little relief, and ordered a terebinthinate enema. To continue the opium and have a large blister to the abdomen.

October 6, ten a.m. Has passed a restless night; skin hot; pulse 140, small and feeble; belly enormously distended; pain much aggravated on the slightest pressure; bowels not open since yesterday. To take repeated doses of calomel and extract of colocynth, and have a stimulating injection administered immediately.

Four p.m. Is evidently sinking; says she has no pain; surface cold; pulse scarcely perceptible.

Half-past five. Died.

Inspection twenty-two hours after death.—

An immense quantity of air, with but little odour, escaped upon opening the abdominal cavity. All the viscera were forced towards the spinal column, and seemed to have been much compressed by the confined gas. A few shreds of lymph were observed upon the right lobe of the liver, and the peritoneum, generally, was more vascular than natural. There was a circular perforation about two lines in diameter, through the anterior part of the stomach, near the lesser curvature, and about an inch from the cardia, through which a small quantity of dark-coloured matter had escaped. Internally, around the aperture, the coats of the stomach were much thickened; the margin of the opening was smooth and rounded, and it was clear there had been an ulcer, extending through the mucous, submucous, and muscular tissues, which had cicatrised, leaving no other barrier to the escape of the ingesta than the peritoneum.

The whole of the mucous membrane lining the stomach was much thickened and softened, and one largish patch had a very dark, sloughy appearance. The intestines were not at all distended with air, and contained but little feculent matter. There was no effusion into the peritoneal cavity.

Several interesting cases of this affection will be found related in Dr. Abercrombie's excellent work on the diseases of the stomach and other abdominal viscera. He does not attempt, nor indeed have I anywhere seen, an explanation of the manner in which so large a quantity of gas gets into the peritoneal cavity. I shall not venture to hazard a conjecture about it myself, but should like to learn the opinion of yourself, or some of your intelligent correspondents upon a phenomenon at once so interesting and important.

I remain, Sir, your most obedient servant,
S. W. FEARN.

Derby, Oct. 10th, 1832.

CASE OF
METASTATIC PNEUMONIA.

To the Editor of THE LANCET.

SIR,—If you deem the following case of metastasis from the lungs to the brain, and *vice versa*, followed by complete recovery, worthy of a place in your invaluable periodical, you will oblige your constant reader and obedient servant,

HENRY COWARD.

North Shields, Oct. 9th, 1832.

Richard Wilson, aged 13, of fair complexion, was attacked, December 27, 1831, with every symptom of pneumonia early in the morning after exposure to cold; general bleeding was immediately resorted to, followed by calomel and antimony, with ol. ricini every two hours, until the bowels were opened; the dyspnoea was something relieved until the evening, when it returned with increased severity. Bleeding, both local and general, assisted with the counter irritation of a blister and a mixture of digitalis, squills, and nitrate of potass, every three hours, was exhibited. Some sleep was now procured; the skin became moist, the kidneys performing their proper functions, and the urine depositing a thick sediment; no expectoration. He continued to improve until 10th January 1832, when all the distressing symptoms returned with increased violence, by incautious exposure to cold, with the addition of a troublesome cough; pulse full and quick. He was treated on the same principles as above, assisting with enemata. The symptoms continued increasing until a complete state