The attack of vomiting, so sudden and severe, calls for a brief notice. It is now known that it is of common occurrence, and particularly towards the termination of these cases. Still I have seen cases where, after it ceased, the patient lived many days. In the instance brought forward, however, the patient only lived a few hours. This vomiting is often remarkable for its great suddenness, and coming on, as it does, when life is hanging by a very slender thread, it is not to be wondered at that death frequently ensues after it. As to its cause, I have not been able to ascertain any. My impression is that owing to the languid circulation a sudden congestion of the stomach may arise, and so cause it. But this idea still requires proof. It will be well to keep in mind the possibility of the vomiting being due to the state of the brain which is met in these cases. In the common form of hydrocephalus, vomiting, which frequently is intermitting, is almost of constant occurrence.

The last point I would notice is the slowness of the speech, which in this case was very remarkable. It is scarcely necessary to say that it pointed to the brain, and more particularly the medulla oblongata, as being diseased, like the other parts of the body; and, though the head was not examined, still I have no doubt whatever that a quantity of serous effusion would have been found, together with degeneration of parts of the brain, in which fatty change played a very prominent part. I have examined similar cases, and always found the state of parts described.

ART. XV.—*On a Case of Extensive Varix.* By WILLIAM THOMSON, F.R.C.S.; Surgeon to the Richmond Hospital, and Member of the Surgical Court of Examiners, Royal College of Surgeons, &c.

A YOUNG man lately presented himself at the Dispensary of the Richmond Hospital, for relief of some genito-urinary affection, and in making a local examination I found that he was the subject of a very extensive varicose condition of the veins of the lower part of his body. The whole of the veins of the legs and thighs were very much dilated, and he was suffering from a typical varicose ulcer on the left lower extremity. The course of the saphenous vein on each side could be well traced by its irregular windings until it terminated in the femoral. Along the back of the limbs the superficial vessels here and there formed purple patches, and this condition was also to be noticed at some points

on the anterior aspect. Towards the saphenous openings, the tortuous, dilated veins from the thigh, ilium, and abdominal walls gathered in knotted clusters, while at the point corresponding externally to the femoral canal on each side was a prominent tumour about the size of a chestnut, and bearing, at first sight, some appearances of a hernial protrusion. Examining the anterior surface of the abdomen, the whole of the superficial veins were found to be considerably dilated, standing out like cords under the skin, and all being distinctly traceable in their course towards the larger vessels at the groin. This condition ceased at the ensiform cartilage in front, but on the left side the veins could be traced upwards towards the axilla in a somewhat dilated, but not tortuous, state. Examining the upper portions of the body, there was no trace of interference with the circulation. The thorax, with the exception stated, from a transverse line corresponding to the lower end of the sternum, was free from enlarged veins, and the neck and arms were likewise unaffected.

The patient stated that in July, 1873, while in England, he fell into bad health, his chief symptom being lumbar pain, and weakness so great that he could not walk, and that he was often obliged to relieve himself by pressing his open hands tightly over the loins. He was under medical care for three weeks, when he noticed that "his body swelled," but after this the "swelling fell into his legs." The doctor examined his urine, and said it was "very bad," but did not make any reference to his liver. He returned home, and was ordered warm baths, which weakened him very much, but he was well enough to go back to England in October. It was three weeks afterwards that he first noticed the swelling in the veins, but he never spoke of them until I noticed them at the dispensary. On his return to England he had secondary syphilis, but the symptoms disappeared under treatment. He is subject to constipation.

The questions to be determined appear to be—the nature of the obstruction, and its position. This condition of superficial veins about the body is not an unusual result of abdominal or thoracic tumours, although in no case that I have seen has there been anything approaching the enlargement and tortuosity that exist in the present instance. Aneurism is one of the commoner causes of obstructed venous circulation, by pressure upon the neighbouring vessel, but I have not been able here to find a trace of that disease. We are next thrown back upon some affection of the liver, by

which the cava has been diminished in size, or obliterated. Such a condition might arise from many causes, among which may be mentioned cirrhosis, malignant disease, or syphilitic deposits. Wilks, in Vol. XXIII. of the London Pathological Reports, mentions a case of a sailor who, suffering from ascites and oedematous limbs, had his abdomen tapped. He subsequently died, when the liver was found to be cirrhotic, the cava being much narrowed by contraction of the surrounding fibrous material. But this condition is hardly to be expected in so young a patient, and examination does not reveal it. Malignant disease, with such a history, may be set aside at once, and we have then to deal with the probability of syphilitic deposit. To this there is the objection that the syphilitic infection of the body has not reached that stage when we might expect such a condition of the liver; and broadly it may be said that there are no special symptoms of disease in that organ, if we except the sluggish bowels, dependent probably upon functional inefficiency of the gland. Moreover, it is obvious that, with hepatic obstruction, we should have the portal circulation in turn impeded, and a resulting effusion into the abdominal cavity, which does not exist.

Descending further we come to the kidneys; and here it seems probable from the history that some mischief originally existed. The patient states that his doctor told him the urine was very bad; but whatever the condition then was, there has not been any permanent interference with both the renal veins. He does not exhibit any external symptom to indicate such a state of things; and an examination within the past few days revealed perfectly healthy urine. If one was interfered with, the other kidney is certainly doing its work satisfactorily.

I believe, then, that the obstruction, whatever its nature may be, does not lie above the renal veins, and that it probably exists between these and the common iliacs, although one of the renal vessels may be involved.

As to what the affection was which originally produced this obstruction I confess I am not quite satisfied. The possibility of a tumour can hardly be entertained. Of course there are many which might occur in this region. But here the history is one of a pain occurring suddenly, followed in a short time by oedema of the limbs and enlargement of the veins. Whatever the disease was, the beginning of the obstruction was then accomplished.

The cases on record are not numerous; but the reports I have

consulted suggest the probability that there was phlebitis occurring from some cause, perhaps in a collateral vessel, but ultimately involving the larger trunk, and occluding it. Thus, Dr. Andrews (Path. Soc. Lon., Vol. XVI., p. 93) mentions the case of a woman who died of epithelioma of the uterus. The inferior cava was obliterated for about one inch from a point just below the entrance to the right renal vein. The left renal vein was impervious, the blood from that kidney having been returned partly by a vein passing up into the left supra-renal capsule, but principally by a large vessel passing downwards and backwards to join the venous plexus on the sides of the vertebra, by means of which the blood from the lower part of the body appeared to have reached the vena azygos, which was of unusual size. The obstruction was due to an organised clot, the vein being converted into a fibrous cord. There was no enlargement of the superficial veins of the trunk.

Moxon (Path. Soc. Trans. Lond., Vol. XXI.) mentions a case of pyæmia in which the inferior vena cava was occupied in its whole length by a clot. It extended from the iliacs, both of which were filled by a like clot.

Ogle reports a case (Path. Trans. Lon., Vol. VII.) in which, below the entrance of the left renal vein, the entire cava was filled by a firm fibrinous indurated material, and was shrunk and reduced to the state of a dense thick cord. This was of very old standing, as the contained material was with great difficulty separable. The superficial and abdominal veins were greatly enlarged, and there were ascites and anasarca.

SUCCESSFUL TREATMENT OF INTESTINAL OBSTRUCTION BY INJECTIONS OF WATER.

DR. MARIANO (*Raccoglitore Medico*, Vol. XII., and *London Med. Record*, March 15, 1880) gives details of three cases of intestinal obstruction successfully treated by injections of water. The first case occurred in a woman, aged twenty-five, in whom symptoms of obstruction had followed upon an attack of peritonitis. Six litres of fluid were injected and retained. The second case was one of intussusception. The third apparently depended on some twisting of the intestine high up. In this case treatment was persevered in for five days, with eventually a successful result.