

scant justice can be done to Professor Edinger's theory, but it may be hoped that this brief account will show that the theory deserves serious consideration.

Holmfirth, Yorks.

A CASE OF TEDIOUS LABOUR FOLLOWED BY DOUBLE PHLEGMASIA ALBA DOLENS AND GANGRENE.

By FRANK M. WILLCOX, M.B., C.M. EDIN.

THE patient was a primipara and thirty-four years of age, sparsely built, weakly, and very anæmic, with feeble circulation, but no organic cardiac change. She suffered intensely with cold feet and hands and was treated during pregnancy for anæmia. The labour was very tedious, lasting forty-eight hours after she was first seen. On abdominal examination occipito-posterior presentation was diagnosed. On vaginal examination the os was found to be about the size of a two-shilling piece, and it dilated very slowly. The labour produced considerable exhaustion and was ultimately finished instrumentally; unfortunately, owing to the rigidity of the parts, the perineum was torn, but it was at once sutured and no blood was lost. After labour the pulse was 84, weak and thready, but regular, and the temperature was slightly sub-normal. Stimulants were given and external warmth was applied. During the first fortnight of the puerperium the patient did well; the perineal tear healed, the temperature was never above 99.8° F., and she rose on the twelfth day. On the evening of the sixteenth day she was seized with violent pains in the left leg, and on seeing her next morning it was evident that phlegmasia alba dolens had set in. The leg was swollen, shiny, and white, the superficial veins were much distended, and in Scarpa's triangle and the popliteal space the limb was very tender to the touch. Unfortunately during the night an unskilled nurse had freely rubbed the leg to relieve the pain. There was no rise in temperature or abdominal tenderness, neither was there any evidence of uterine or vaginal sepsis. The usual treatment was adopted. The patient was kept absolutely at rest, the foot of the bed was elevated, anodyne applications were used, the limb was enveloped in cotton wool, and external warmth was applied. The child was weaned; cardiac tonics and light nutritious diet were ordered. During the next few days the patient was easier, but complained of pain in her heel and toes. On the twentieth day discolouration was observed over the region of the great and second toes; this gradually deepened and extended, involving the foot as high as the transverse tarsal joint. The patient was fairly comfortable, however, till the evening of the twenty-third day, when there was an acute exacerbation; she was very restless, and the temperature rose to 100.6°. On the following morning the great and second toes and part of the dorsum of the foot seemed benumbed, cold, and insensible to the touch. Gangrene had set in. The pain was very severe from this time until death, necessitating hypodermic injections to procure rest. On the twenty-seventh day the whole abdomen became distended and tympanitic, the breathing was embarrassed, and the pulse was very feeble and irregular. Strophanthus and strychnine were freely exhibited and the patient rallied and improved daily. The tympanites disappeared, the pulse became stronger, the leg gradually became smaller, and the appetite improved, when on the thirty-third day the right foot began to swell and phlegmasia of that leg developed. The patient thereupon rapidly sank and, refusing all form of nourishment, died on the thirty-sixth day after delivery.

The interest of this case was in the rapid onset of gangrene and the development of phlegmasia in the right leg when the patient seemed to be recovering, as the left leg was becoming smaller and the tympanites had disappeared. There was absolutely no sign of sepsis of the pelvic organs, showing clearly that the illness was entirely due to the feebleness of circulation. This case strikingly illustrates the great importance of careful and prolonged treatment of anæmic patients with weak circulation all through pregnancy and especially during the later months.

Brechin, Perthshire.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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.

SEAMEN'S HOSPITAL, GREENWICH.

A CASE OF PNEUMONIA FOLLOWED BY ABSCESS OF THE LUNG, EMPYEMA, AND DEATH WITH HYPERPYREXIA; NECROPSY.

(Under the care of Dr. J. CURNOW.)

FOR the notes of the case we are indebted to Mr. A. E. Griffin, house physician.

The patient, a man aged thirty-seven years, was admitted into the hospital on Sept. 17th with a two days' history of illness, starting with pains in the back and dyspnoea; there was neither cough nor rigor. The patient was stated to have been drinking heavily for three weeks. On admission the temperature was 101.4° F., the pulse was 114, and the respiration was 36. The tongue was furred and white. As regards the lungs, the percussion note was good on both sides anteriorly and on the right side posteriorly. The breath sounds were harsh, but there were no adventitious sounds; vocal resonance and vocal fremitus were normal. On the left side posteriorly the percussion note was impaired from the angle of the scapula, the breath sounds were weak and accompanied by a little dry friction at the extreme base, and vocal resonance and vocal fremitus were normal. The liver was enlarged. The cardiac dulness was decreased, and the sounds of the heart were normal but feeble. On the 18th the temperature was 103°. The patient complained of pain in the left side; the sputum was viscid and slightly rusty. At the left base the percussion note was dull over the lower lobe, the breath sounds were weak with a few râles, and there was coarser friction at the base, this being heard also in the axilla. The urine was acid and of specific gravity 1020; it contained no albumin. On the 19th it was noted that vocal resonance and vocal fremitus were absent over the left lower lobe; the breath sounds were weak and accompanied by much rhonchus—in fact, rhonchus was universal. On the 20th expectoration was typically pneumonic and more profuse, the temperature still keeping about 102.5°; the respiration was 32. The patient was wandering and trying to get out of bed. On the 21st a small patch of tubular breath sounds was noted at the level of the left angle of the scapula; no râles were noted; below the angle the breath sounds were weak, but audible to the base; no friction was heard. On the 22nd, the eighth day of illness, the patient had been delirious all the previous night. The tongue was dry and red. Tubular breath sounds were noted from the apex of the left lower lobe to the angle of the scapula; below the breath sounds were weak to the base. The temperature dropped to 101.2° at 10 A.M. and the respiration fell from 44 to 38. In the evening the former rose to 103.6° and the latter to 50, the patient being still delirious. The temperature gradually rose to 105° on the 23rd and he became somewhat comatose; the ice pack was given for one hour. On the 24th he was in much the same condition, the physical signs were unaltered, the ice pack was again given, and he improved in it. On the 25th he was more comatose and was ice-packed for three hours. The temperature fell to 101° and the respiration from 54 to 44. He recognised people for the first time for twenty-four hours. The physical signs still remained unaltered. On the 26th he sweated profusely, the skin being moist, the face pallid, and the tongue brown and dry. The temperature was 103.3°, the respiration was 54, and the pulse was 104. There was no alteration in the physical signs posteriorly, but some rough pleuro-pericardial friction was noted anteriorly. After consultation with Mr. Duffett, the acting principal medical officer, the patient was aspirated immediately below the angle of the left scapula, and twenty-four ounces of thin puriform, odourless fluid were removed. Under the microscope a stained specimen showed pus cells, with staphylococci and streptococci and also a few pneumococci. The