

appearances, his strength failed; the action of the heart and the respiratory movements gradually grew feebler, and at length, without any sign of pulmonary, cerebral, or abdominal disease, these asthenic symptoms terminated slowly in death, just eleven weeks after the first commencement of the erysipelatous attack.

*Post-mortem Examination.*—With the exception of a slight enlargement of the liver, we could find no organ exhibiting structural change. The lungs were perfectly healthy. Upon opening the heart, however, we discovered what, in my opinion, fully accounts for the gradual dissolution: a fibrinous mass filled both its right cavities, and sent up large and long branches into the pulmonary artery and its ramifications. The concretion was firm and white, and had an attachment to the walls of the heart.

*Remarks.*—I have but few remarks to make on this interesting case, and I should probably never have thought of publishing it at all had not my attention been forcibly drawn during the last few months to certain observations which have been made before the Medical Society of London by Mr. B. W. Richardson, "On the Fibrinous Element of the Blood," and which have been reported in the columns of *THE LANCET*. I find that in a paper read by Mr. Richardson in November last, he thus observes: "Lastly, in cases of asthenia, where fibrinous concretions exist in the heart, the very cessation of the act of life may be owing to their presence and gradual increase, the central organ of the circulation becoming literally choked by them," (*THE LANCET*, 1851, vol. ii. p. 515.)

In January, again, the same author briefly alluded to this subject, and produced a pathological specimen, which strongly supported his views, (*THE LANCET*, 1852, vol. i. p. 121;) and lastly, in the month of March, on exhibiting another heart in which a fibrinous clot was found, he gave more enlarged views on the matter, and threw out the idea, that during those diseases which are known to be attended with an abnormal quantity of fibrine in the blood, it may be that some of the overplus of fibrine is deposited on the elevated structures of the moving heart; and he concluded by saying, that "in all inflammatory cases marked by great superfibrination of the blood, and which end by what is called sinking, it would be interesting to learn how far similar concretions in the heart may be concerned in bringing about the sinking state," (*THE LANCET*, 1852, vol. i. p. 355.)

Now, without wishing to mention the many theoretical points which Mr. Richardson and other physiologists enter into, with reference to the formation of fibrine, &c., I cannot but observe that the case which I have related above affords striking testimony as to the correctness of the opinions from which I have just quoted. My patient had suffered from erysipelas, a disease in which the blood is always superfibrinized; he sank in the most gradual manner, and the autopsy revealed no cause for the sinking, except (what was surely sufficient) a large fibrinous concretion in the heart. Of course, the narration of a single case does not go far to establish any new opinion, but perhaps it may excite others to turn their attention to the same subject. I have been puzzled over and over again at seeing patients gradually sink into death after some slight disorder, with no evident disease that could account for such a serious result. Now, if any explanation so simple as that given by Mr. Richardson should prove, after further research, to account for some of these occurrences, a great step in the practice of medicine will certainly have been made. I shall look forward for further investigations on this subject with exceeding interest.

Dobcross, near Manchester, August, 1852.

## CASE OF RUPTURE OF THE PERITONÆAL COAT OF THE UTERUS.

By RICHARD LEE, B.A., Surgeon.

Mrs. C—, aged forty-five, wife of an agricultural labourer, having been in good health and occupied with her usual household duties on the previous evening, was taken in labour with her tenth child about four o'clock on the morning of the 18th of April. The pains were confined to the back, and very feeble, ceasing altogether in less than an hour.

At nine o'clock, a medical attendant, one Mr. Smith, arrived, and having made a vaginal examination, gave it as his opinion that "all was going on well, but the labour would not be over for some time;" when, ordering gin-and-water to be administered, he left. Three doses of the ordered stimulant were administered, and at a quarter before one the patient was suddenly discovered to have lost all power, either of motion or speech. Mr. Smith was again sent for. He arrived at one o'clock, but only in time to see her expire. *No efforts were made to preserve the child.*

A coroner's inquest was appointed, and I received an order to

examine the body of the deceased, which I did, assisted by Mr. Cogan. The external appearance was unusually healthy, presenting no signs of emaciation or injury. Of her previous labours we could learn but little, except that they had been unaccompanied by anything unusual. The muscles of the abdomen were of natural development; the lungs remarkably healthy, no adhesions; heart small and rather pale, cavities empty; abdominal viscera healthy, but in the cavity of the abdomen we discovered about three pints of dark liquid blood; the uterus appeared healthy, and of natural development; the os dilated to the size of a sixpence, not stained with blood at any point. Raising the uterus, we discovered, on the posterior surface, about the centre, a rupture in the peritonæal coat, extending transversely between ten and eleven inches, the margins being, in the centre, two and a half inches apart. Above, and parallel with this, was a second rent seven inches long and three-quarters of an inch wide. They both crossed a large vein the size of a goosequill from which the principal hæmorrhage occurred. On opening the uterus anteriorly down the middle line, we found the whole internal surface, on that side, covered by an unusually large placenta. The membranes had not been ruptured, but contained only a small amount of liquor amnii; also a healthy male fœtus at the full period of gestation, head presenting.

This case is interesting in various points, among which by no means the least is its comparative rarity, the injury being confined exclusively to the peritonæum. The os uteri was thin and yielding, the liquor amnii present, though not in large amount, and no perceptible contraction had taken place for seven hours and a half before the accident occurred; facts which, taken together, would strengthen the opinion that the walls of the uterus become expanded just previous to a contraction, on which hypothesis an accident of this kind would easily be explained; whereas I do not think anything very satisfactory can be attained if we are to regard it as the result of contraction alone.

A second question arises, would it not have been possible to save the child? I leave this to be answered by the profession, but for my own part consider that no means should be omitted by a medical man to save the life even of an unborn fœtus.

Wheatley, August, 1852.

## ON A CASE OF PHLEGMASIA DOLENS OF THE UPPER EXTREMITY, OCCURRING AFTER PARTURITION.

By J. M. WINN, M.D.

On the 13th of April last, I was called in to see a Mrs. G—, about forty years of age, residing near the Mile-end road, and who had been delivered of her ninth child thirteen days before I saw her. I found her in a sinking state. The countenance was extremely anxious; the abdomen tympanitic and distended to an enormous extent; the pulse small and rapid; and the mind confused. The peculiar and very remarkable symptom, however, was a pale, hard, and extremely painful tumefaction of the whole of the right arm, extending from the shoulder, in an even and diffused manner, to the extremities of the fingers. The lower extremities of the body were not affected.

Mr. Hall, of the Mile-end-road, who was in attendance on the case, informed me that his patient had been delivered by a midwife, that she had suffered from occasional rigors, and also from pain (without swelling) of the left shoulder, as if the disease were about to affect both upper extremities.

We ordered milk and brandy, but it was evident that nothing could save her, and she died early on the following morning.

There can be no doubt that the above case was a most unusual form of phlegmasia dolens. I cannot, indeed, find on record a single instance of phlegmasia dolens of an upper extremity occurring after parturition. Dr. Ramsbotham, in the last edition of his work on Midwifery, alludes to phlegmasia dolens of the arm as an occasional sequela of carcinoma mammæ; and Drs. Stokes and Graves mention similar cases as complications of typhus, but in no instance as occurring after parturition.

The cases which approximate most closely to the one I have instanced are those (Nos. 1 and 2) published by Mr. Coulson, in his interesting "Observations on Affections of the Joints in the Puerperal State;" but in these cases the disease and pain were principally referred to the neighbourhood of the joints.

I am sorry to add, that every effort to obtain a post-mortem examination was made in vain.

Finsbury-square, August 1852.