

clavicle. This pain sometimes continues for several days or weeks, and I have lately noticed it in a lady who has felt it for about three months. It is a rare accident, and scarcely met with once in twenty or thirty cases. Some persons feel it constantly. The examination of the pharynx while the catheter was in situ, has not enabled me to discover the cause of this pain. I have observed it at the right and left, but never on both sides at once in the same individual. It occurs more frequently with women than with men, and should be considered as a sympathetic affection.

RUPTURE OF THE SPLEEN.

BY THEOPH. MACK, M.D., ST. CATHARINES, C. W.

As the works ordinarily found upon the shelves of a medical practitioner's library afford no instance of the above pathological appearance, except resulting from external injury, I send the following case for publication, in the hope that it may prove of sufficient interest to reward the perusal.

Thomas Flynn, ætatis 48, blacksmith, of medium stature, constitution somewhat impaired. In earlier life he had served as a private soldier in an infantry regiment, and had been admitted to the regimental hospital a few times for some disorder of the chylopoietic viscera, for which local depletion and counter-irritation appear to have been prescribed, as marks of leech-bites and vesicants are apparent over the epigastric region. Last summer I was called upon to prescribe for some abdominal affection from which he suffered; its precise nature I cannot now recall to mind—probably cholera morbus. During the last eight or nine months he has resided chiefly in a shanty on the margin of a stagnant pond, near the debouchement of the Welland Canal into Lake Ontario. For some weeks he had been laboring under intermittent fever of a tertian type. In the treatment of this disease he had employed a certain nostrum ycleped “cholagogue,” which, as his friends expressed it, “broke the chill,” i. e. interrupted the paroxysms, so that he had been enabled to work at his trade for the space of three or four days, still complaining of dizziness occasionally, and the secondary effects of mal-assimilation. Upon the day he was attacked with his last illness, viz., 22d of June ult., he was engaged in the construction of some iron bands; after swallowing a moderate draught of cold water, he was suddenly seized with severe pain, and having been carried to bed a messenger was despatched for me. I found him writhing in great agony; he referred the seat of pain to the left side of his chest and abdomen. The skin was covered with a copious sudor, which trickled in streams from his face, and completely saturated the clothing; features sharpened, and face expressive of great anxiety; intellectual system not affected; tongue cool, of a leaden hue, slightly coated; bowels torpid; tenderness on pressure, in left hypochondriac region, extending to the umbilicus; the abdominal pain deep seated, not of the acute character of peritonitis; respiration hurried; no abnormal resonance; no râle; heart's

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action extremely rapid, feeble, and accompanied with bruit de soufflet; pulse 160, small and tense; urine suppressed. The group of symptoms rendered the diagnosis difficult. Calomel and tinct. opii were exhibited; fomentations, followed by a large sinapism, were directed, No relief having ensued in six hours, croton oil and enemata, with a long tube, were resorted to without producing any action of the bowels.

23d.—Pulse becoming indistinct; he appears moribund. As I had decided the previous evening that the symptoms were to be ascribed to some extensive extravasation within the cavity of the abdomen, all curative efforts were desisted from. He died about sixteen hours from the time of seizure.

Morbid Appearances.—Our examination was limited to the abdominal viscera, by request of his friends. The integuments of the abdomen were distended and tympanitic. The first incision through the linea alba was accompanied by the escape of a large quantity of flatus, and followed by bloody serum. Peritoneum slightly injected, peritoneal covering of the intestines of a pink color. The liver of the usual size and weight, but softened in structure, and upon being incised the parenchyma appeared much more dark than natural. Pancreas small and hard. Stomach and intestines healthy. These being taken away, and having removed with a sponge about *five pints of sanguinolent fluid*, we found upon the left side, extending from the diaphragmatic extremity of the spleen, and behind that organ, to the commencement of the lumbar region, *a large clot of fibrin*, from blood which issued through a rent in the investing membrane of the spleen; this was easily peeled off from its contents, which were the substance of the spleen, of a light chocolate color, and extending from a defined edge, a dark-brown mass of effused blood, destitute of any traces of organization. The left kidney was enlarged and pale. The pelvis contained a small quantity of a dark grumous liquid. The remaining contents of the abdomen presented no pathological appearances.

In this case, it is probable that a rupture of the splenic vessels, occurring during the congestion accompanying the cold stage of ague, first gave rise to an extravasation of blood within the splenic membrane. (This might have been increased at each subsequent congestion.) The afflux of blood following the reception of the cold water into the stomach at the time of the attack, ruptured the disturbed capsule and peritoneum, and a fatal effusion resulted.—*British American Med. Journal.*

A CROWING CHILD.

BY JOSEPH PARRISH, M.D., BURLINGTON, N. J.

H. A. L.— is an exceedingly nervous, excitable person. Before her marriage she was frequently under my care for hysteria in a variety of forms. I attended her about nine months since, in her first accouchement. Her labor was tedious, and very painful; the child was of full size and well formed. There were no signs of life exhibited by the infant at the moment of its birth, but after spending half an hour

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