HISTORY
OF A
REMARKABLE CASE OF PHLEBITIS,
WITH OBSERVATIONS.

By THOMAS H. SILVESTER, M.D.,
CONSULTING PHYSICIAN TO THE SOUTH LONDON DISPENSARY, ETC.

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MR. P., æt. 59, observed on Friday evening, March 27th, a pimple on his upper lip, which he supposed to have arisen from a scratch in shaving. His friends had noticed him carrying his pen, whilst engaged in accounts, transversely between the lips. He had been using a steel pen, and a new metallic ink, and it appeared to them that this fluid had accidentally come in contact with the wound, and imparted to it the peculiar deep-red irritable aspect which was very observable. On the following Tuesday, the patient retired to bed early, complaining of general uneasiness, but neither fever nor head-ache were present, and he slept well. I saw him, for the first time, the next day, (Wednesday,) his pulse was 120, small and weak, the skin cool, and he did

not complain of thirst. The countenance was inexpressibly anxious, not unlike that of a person who has taken poison, or one who has been stabbed in the abdomen; the lip was greatly swollen, and he suffered more from a feeling of distension than from pain. So much difficulty was experienced in the attempt to open the mouth, that it became next to impossible to ascertain the state of the tongue; another hindrance arose from the tumified overhanging lip, beyond which the tongue could not have been projected had no other impediment existed. The tumefaction extended a little way upwards on each side of the *alæ nasi*, but not at all downwards towards the lower lip; it was of a dark red, almost livid, hue, and very firm to the touch. There were no vesicles nor bullæ, nor œdematous appearances on pressure; the pain was of a distending, and not of a burning kind. The affection was evidently not of a purely erysipelatous nature, yet in the depressed state of the vital powers, it bore so near a resemblance to the asthenic form of erysipelas, that, guided by analogy, I did not hesitate to adopt a plan of treatment sanctioned by ample experience in this species of malady. The patient was desired to take from four to six ounces of port wine in boiled sago during the twenty-four hours, and three grains of the disulphate of quinine every four hours. This mode of treatment seemed to promise the best effects,—the pulse became fuller and stronger, and the swelling ceased to spread,—the lip itself was cool, but of an immense size,—a glutinous exuda-

tion, which now appeared on its surface, thickening gradually from day to day by fresh additions, assumed at length the appearance of a coarse scab, with rocky projections, so perfectly inflexible, that not even the slightest movement of the lip could be effected.

The gums, and the interior of the mouth generally, were seen to be of a dark livid hue, and viscid saliva flowed unceasingly over the neighbouring parts, occasioning soreness and excoriation. On the fourteenth day of the disease, the skin was cool and perspirable, the pulse 80, still rather feeble, the lip was nearly free from uneasiness, although much swollen and thickly encrusted : the patient had slept well the previous night, he was enjoying, with a good appetite, his sago, and believed himself to be rapidly recovering. I observed on the very next day a large red cord, apparently terminating in a vein extending upwards at the side of the nose as far as the inner angle of the eye, first on the left, and afterwards on the right cheek. These inflamed vessels greatly resembled irritated absorbents, but they were of much larger size than the latter, being as big as a goose-quill, even whilst no fluid could be detected in their interior by the touch. After the lapse of five or six days, fluctuation was distinctly perceptible, and I then noticed at several points in the course of these suppurated veins, a slight degree of redness. These red spots became the seat, each, of an exudation precisely of the same character and appearance as that which had previously been observed on the upper lip. A viscid liquid at first es-

caped, and this, either hardening, or being succeeded by a secretion of thicker consistence, a series of projecting masses, somewhat larger than a horse-bean, of a yellowish green hue, not unlike the scabs of rupia, appeared along the course of the vessels. On one of these scabs or exudations being loosened from its seat, at a subsequent period, pus continued to flow for several days from the part which had received the violence. Another, which had escaped injury, and maintained its position up to a period within one week of the patient's death, dislodged itself spontaneously from the depression between the eyebrows, which situation it had occupied, leaving the parts underneath perfectly sound and healthy, but rather redder than natural.

On the twentieth day of the disease the veins of the forehead had begun to swell, and in a very short period they were to be seen, in great numbers, ramifying all over the fore part of the head, and extending beyond the vertex, presenting a most extraordinary appearance, difficult for the pencil to portray, and very imperfectly represented in the accompanying sketches.* The skin and cellular membrane occupying the spaces between the several inflamed vessels seemed at this stage of the complaint to be almost wholly unaffected, and owing to this circumstance, the veins themselves were highly prominent and easy to be distinguished from any other order of vessels. A process similar to that which had taken place in the veins of the lip and face, occurred

* See Plate III.

in those of the scalp, namely, exudation of a glutinous fluid, and incrustation in some instances—resolution and suppuration in others.

The incrustations became loose invariably on the application of a poultice, and quickly fell off. The interior of the vein was thus exposed, and a long, irregular, ulcerated cavity formed.

The vessels which were opened with a lancet emptied themselves gradually of their contents—pure laudable pus for the most part—and neither exudation of the thin gelatinous fluid nor ulceration took place.

On the 21st of April, skin cool, pulse 82, feeble but regular. 24th—the pulse had suddenly risen to 100, extremely feeble.

On the 6th of May the patient seemed to have had a shivering; it was however very slight: he had likewise vomited after his usual night dose of *Syr. Papav.* 8th—greatly excited after a dose of *morph. hydrochloras gr. ss.* 26th—the patient expired, perfectly rational to the last moment.

Autopsy.—The body greatly emaciated; on turning back the scalp, which was so fragile and perforated by ulceration that it tore, and yielded to the slightest touch, the diseased veins were seen, meandering over the internal surface, filled in some part of their course with a yellowish crumbling fibrinous mass, the smaller branches containing fluid blood of a pale colour, in minute quantity, and a single trunk of the temporal on the left side terminated in a foyer filled with laudable pus. On slitting open

those veins which, during life, appeared restored, or nearly so, to their natural condition, they were found perfectly empty, rough and irregular in their interior, apparently deprived of their smooth lining, and their calibre greatly increased. The shrunken attenuated muscles were cut into and examined in several parts of the body, but no deposits of pus could be detected. The lungs, liver, kidneys, and brain were in a healthy condition, but bloodless. The heart and larger vessels entirely empty. The joints were not examined internally, but they evidently contained no fluid. The patient had not complained of pain or uneasiness in the limbs, and had even walked across the room a few days before his death.

OBSERVATIONS.

It is unnecessary to trouble the Society with the opinions of Mr. Arnott, Dr. Lee, Mr. Travers, Cruveilhier, Velpeau, and others, who have written on the subject of Phlebitis. Their labours and valuable researches are well known to every member of the profession; I will merely add a few remarks, as they occur to me, on this very interesting, but probably not very rare affection.

The case in some slight degree resembled glanders, but this view of it was discountenanced by the habits and occupation of the patient, who was not aware of having in any way come into contact with horses or cattle suffering from that disease. At the commencement of the attack the local and general

symptoms reminded me of erysipelas occurring in weak and debilitated subjects ; and that there is some resemblance, if not affinity, between erysipelas and phlebitis, one cannot doubt, since Velpeau, and many other able pathologists, have arrived at the conclusion that the former disease is nothing more than inflammation of the minute ramifications of the venous system. Does phlebitis bear the same relation to erysipelas as bronchitis to pneumonia—the relative size of the respective tubes constituting the chief anatomical distinction ? There was no difficulty in distinguishing the present case from one of absorbent inflammation, the healthy and diseased veins being evidently in communication with each other during life, and the *post mortem* examination displaying a large vein, the trunk of which was seen to contain pus, and the branches blood.*

The general health of the patient had been very good up to the period of the illness in question ; he suffered occasionally from piles ; the saphenæ veins of both lower extremities were remarkably distended and varicose, and extensive patches of psoriasis existed in the same parts. The disease was ushered in by the mild symptoms of a common cold ; there was neither violent shivering nor delirium ; the countenance and pulse alone betrayed the gravity and importance of the attack, and these regained their ordinary tranquillity as the disease proceeded in its course ; the skin was generally cool, and the patient seldom complained of thirst, and during the whole

* See Plate III., fig. 4.

period of the malady he was able to take light nourishment with appetite ; nevertheless, the thinning process went on steadily from the very commencement of the disorder until its termination ; leaving the patient emaciated to the highest degree, and almost bloodless. The inflammation did not spread rapidly like erysipelas over the parts which it was destined to attack ; a portion of the vein, probably the space from one set of valves to another, became swollen, hard, and tender to the touch ; the hardness remained five or six days, and was then almost suddenly succeeded by evident fluctuation, and on a lancet being plunged in, pus made its escape, and continued to flow several days ; if the vessel were left untouched, a red spot appeared, then a moist, glutinous exudation, and eventually a crusty mass, rather like rupia ; and when this crust was allowed to fall off spontaneously, the vessel was found sealed up, and the skin restored to its natural condition, or nearly so ; but if removed by violence, or otherwise, an irregular opening into the vessel was disclosed ; ulceration succeeded ; the interior of the vein for a considerable space became an open ulcer ; granulations then sprung up to form the parietes ; and after death the calibre of many of the vessels was quite complete : but life had not lasted long enough to allow of the perfect restoration of the smooth, polished, internal tunic. At the period when the disease had reached the vertex, the processes of inflammation, exudation, ulceration, and reparation, were going on simultaneously in the

several vessels implicated. The vessels of the lip, nose, and eyelid, having passed through the above-mentioned stages, had regained their natural condition in a great degree. The veins of the forehead were covered with an incrustation. The inflammatory appearances had entirely subsided all over the scalp prior to the death of the patient.