CASE
OF
PULMONARY PHLEBITIS.

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READ JANUARY 28TH, 1834.

MARY ASH, 20 years of age, was delivered of her first child in the Lying-in Ward of the Parochial Infirmary of St. Martin's, on the 30th November, 1833. The labour was natural, and for five days she seemed to recover in a favourable manner, when a severe rigor took place, which was followed by profuse perspiration, dyspnœa, pain in the left side of the chest, and over the surface of the abdomen, accompanied by a rapid pulse. Soon after the attack, blood was drawn from the arm, and from the hypogastrium by leeches; calomel, opium, and cathartics were administered, with temporary relief of the symptoms. The difficulty of breathing and pain in the chest, however, soon returned, with diarrhœa, and deep-seated pain in the region of the uterus. Until the 29th December, when death took place, the pulse varied from 120 to 150, and she had every day two severe paroxysms of cold shivering, followed by profuse perspiration. During the last two weeks of her life,

little uneasiness was experienced either in the thorax or abdomen, but there was cough with mucous expectoration. This patient was under the care of Mr. Gosna, Surgeon to the Parochial Infirmary of St. Martin's, who furnished me with the preceding report, and by whose exertions I obtained permission to inspect the body after death.

Inspection. The uterus had undergone the reduction of volume usually observed a month after delivery, and no morbid appearance was at first discernible in any of the abdominal or pelvic viscera. On slightly drawing up the uterus toward the brim of the pelvis, the fimbriated extremity of the left fallopian tube was seen adhering by lymph to the back part of the body and cervix of the uterus, and in the folds of the broad ligament near the left ovarium, an abscess about the size of a walnut was observed. On the left side, the veins of the cervix and body of the uterus were all gorged with purulent fluid, and lined with thin ash-grey coloured false membranes; in the muscular tissue of the anterior part of the cervix uteri, was a small sloughy abscess. The left obturator, and the uterine branches of the internal iliac vein, were filled up with a soft yellowish coagulum of lymph, which adhered to the inner coat of the vessel, and contained pus in its centre, and was continued downward along the external iliac, terminating abruptly a little above Poupart's ligament. It also extended upward about half an inch into the common iliac, and terminated in a loose blunt point. A firm clot of

dark-coloured blood, which did not adhere to the lining membrane, filled the greater part of the remaining portion of the common iliac vein. Near the termination of this vessel, a coagulum of lymph, similar to that in the external and internal iliac veins, existed, which closely adhered to the inner membrane, and passed into the vena cava.

The whole vena cava, between its commencement in the common iliac and the entrance of the hepatic veins, was lined with a soft, yellowish-coloured pultaceous mass of lymph and pus, which adhered, in some parts loosely, and in others firmly, to the internal tunic of the vessel. The entrance of the right spermatic vein into the vena cava was closed with a firm false membrane, and the coats of the vena cava, above and below, were twice their natural thickness. The greater portion of the right spermatic vein was lined with dense false membranes of a bluish colour, and its coats were thickened and contracted.

The serous surface of the middle and inferior lobes of the lungs on the right side was covered with soft, yellow lymph, and their substance was hepatized. On cutting into the left inferior lobe the pulmonary texture was found dense, and of a dark red colour; and pus escaped from two branches of the vein, which traversed this portion of the substance of the lung. On careful inspection of the venous trunk and branches of the left inferior lobe of the lungs, all the appearances usually seen in inflammation of

veins in other internal organs of the body were observed. The trunk of the vein, near its entrance into the left auricle of the heart, was found plugged up with a soft, yellowish-coloured clot of lymph, firmly adherent to the inner surface of the vessel, and extending into several of its principal branches in the substance of the lung. The coagulum of lymph on the outer surface was of a bright scarlet colour, when separated from the vein. The smaller branches of the vein, into which the solid lymph did not extend, were filled with pus, and in some parts were coated with a delicate layer of yellow lymph.

Inflammation of the pleura and pulmonary texture is well known to be one of the most frequent and fatal consequences of uterine phlebitis; but inflammation of the veins returning the blood from the lungs to the left side of the heart, is an affection which has scarcely, if at all, attracted the observation of pathologists. The preceding is the only example of the disease which has yet fallen under my notice.

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