CASES
OF
OBSTRUCTION OF THE VEINS OF THE
LOWER EXTREMITIES,

CAUSING ŒDEMA OF THE CORRESPONDING LIMB, AND
OCCURRING IN PHTHISICAL PATIENTS.

BY

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CASE 1.—A gentleman, æt. 25, had symptoms of phthisis eight or ten months before his death. During the latter period of his illness he had a severe pleuritic attack; and about a fortnight before his death, œdema of the right lower extremity came on. It was attended with much pain, and the surface of the skin was shining, with considerable firmness of the cellular tissue, pitting but little under pressure.

Post-mortem examination.—About a pint of bloody serum in right thoracic cavity; a vomica in each lung, with much tubercular deposit; ulceration of the mucous coat of cæcum and colon; about two ounces of fluid in the pericardium; heart and great vessels free from disease.

The right common, external, and internal iliac veins had a cordy feel, and their cavities were filled with firm coagula slightly adherent to the vessels. This state of things was traced as far as the commencement of the femoral vein.

CASE 2.—William B—, æt. 10, admitted into the Brompton Hospital, April 28th, 1852, in the last stage of phthisis. Shortly after admission he complained of pain in the left leg, which was found to be much swollen throughout its whole length, and the superficial veins on its surface much distended. The limb was not discoloured, and, although firm, it pitted under pressure.

May 21st.—Within the last few days the right leg is become œdematous, and the veins ramifying on its surface, as well as on the lower part of the abdomen, are very evident; and some of them have a cordy feel. He had much diarrhœa, gradually got weaker, and died on the 26th of May.

Post-mortem examination.—Cavities in both lungs, with much tubercular infiltration; the mucous membrane of the intestines generally much congested, but no ulcerations. The lower part of the vena cava, the common iliac, the external iliac, femoral and internal saphena veins, on both sides, were firmly distended with coagula, which were found to adhere with considerable firmness to their inner surface; the coats of the veins were somewhat thickened; the reflected and visceral portions of the pericardium were adherent.

CASE 3.—M. A. S—, æt. 31, admitted into the Brompton Hospital, October, 1856. Married, and has had two children. There were marked signs of phthisis: a cavity in each lung, with much consolidation. Shortly after her admission, the left leg began to swell; she had not much pain; the skin was not red, but had a shining appearance, and pitted but slightly under pressure. It gradually extended up the thigh, involving the labia and abdominal parietes. She died November 18th.

Post-mortem examination.—Both lungs contained cavities, and were infiltrated with tubercles throughout; heart small and contracted; pericardium slightly adherent by fibrous bands; uterus normal; ovaries rough, nodulated, and congested; the veins leading to the uterus were carefully

examined, and found free from disease. There were ulcerations in the ileum, cæcum, and ascending colon. Liver granular and friable; gall-bladder filled with calculi. The left iliac vein and the left femoral, as far as the popliteal space, were round, cord-like, and adhered to the adjacent structures. The cellular coat thick, condensed, and firm, so much so that it was difficult to tear it asunder. The serous coat thickened and preternaturally opaque, and the coagula were adherent to it.

CASE 4.—William R—, æt. 32, admitted into the Brompton Hospital, December, 1857, in the last stage of phthisis. For fourteen days previous to his admission both feet and ankles were somewhat swollen in the evening, but the swelling subsided after a night's rest. About a week after his admission, the œdema was observed to be confined to the left foot, and to be steadily advancing up the leg. On January 8th it had extended to the groin. The whole limb was much enlarged, pitted on pressure, though slightly, and the skin was white and shining; there was also great tenderness along the course of the femoral vein, a few days before his death, which occurred on January 18th. There was congestion of the superficial veins about Poupart's ligament.

Post-mortem examination.—The right lung was riddled with cavities, running one into the other, containing a large quantity of thin, unhealthy-looking pus; a vomica of large size at the apex; pleural surfaces on right side glued together by adhesions. The leg was œdematous from the groin to the foot, and from the incisions made for the dissection of the veins a considerable quantity of serous fluid drained away. The external iliac and the femoral veins presented undoubted signs of inflammatory action. The inflammation was most violent along the inferior portion of the femoral vein. The walls of the iliac, femoral, and several of the tributaries, including the profunda, were thickened, but the thickening was much greater along the middle and inferior portion of the femoral vein than at any

other part. The sheath of the vessels was intimately bound to them, forming one compact cord, with difficulty separated (even with the scalpel) into its component parts of artery, vein, and nerves. The calibre of the femoral vein was greatly increased, and the vessel filled with coagula, firmly adherent at the middle and lower part; but at the upper part of this vein, and along the external iliac, they were only partially adherent. The upper part of the external iliac, and the internal iliac, were thin, and presented no signs of disease; the femoral artery was somewhat thickened, and its calibre reduced. The nerves were so closely adherent to the sheath that it was difficult to separate them with the knife. Mucous membrane of intestines somewhat congested, but not uniformly; no ulcerations.

I am indebted to the kindness of my friend and colleague, Dr. Alison, for the particulars of the dissection of Cases 3 and 4; and in his note to me, with reference to the former, says: "I am disposed to refer the occurrence of phlebitis, in this case, to the great impurity of the blood, which could not fail to result in a special manner from the very diseased condition of two of the depurating organs of the body, the lungs and liver.

Many similar cases are on record. M. Bouillaud, in a paper in an early volume of the '*Archives de Médecine*' ("*De l'oblitération des veines, et de son influence sur la formation des hydropisies partielles*"), relates two which occurred in phthisical subjects, and in which no mention is made of any abdominal or pelvic disease; and he quotes another from M. Breschet, in a man, "*dévoré par une phthisie pulmonaire*."

M. Velpeau, also, in vol. vi of the same journal, gives a case of this partial œdema, occurring in a man who died of phthisis, in which the veins in the corresponding limb were obstructed by coagula. Two instances are also recorded by Mr. Holberton, in Vol. XVI of the '*Transactions*' of this Society, to which I shall subsequently refer; and another is given by Mr. Henry Lee, in Vol. I, No. 1, of the '*Proceedings*' of the Society.

With reference to the cases I have recorded, I may remark that, both in the symptoms observed during life and the morbid appearances discovered after death, they correspond closely with those described under the name of phlegmasia dolens. A short analysis of them, however, will, I think, tend to show that they must have some other origin than the one to which that disease has, on high authority, been attributed; viz., the extension of inflammation by continuity of surface, from the uterine or neighbouring veins. All were individuals in the last stage of phthisis; and three of the four, it will be observed, occurred in males. The cases of Mr. Holberton, to which I have referred above, were phthysical patients, and in one (a youth) there was ulceration of the mucous membrane of the large intestines, especially the rectum. Mr. Holberton evidently inclines to the notion that the condition of the veins originated from this ulceration, and quotes the opinion of Dr. Robert Lee, that diseased structure may give rise to inflammation of the neighbouring veins; and also refers to a case cited by Dr. Lee, of a man who died of cancer of the rectum, in whom Mr. Lawrence found the iliac veins inflamed and obstructed.

Now, whatever may have been the case in the above instances, the disease could not have had this origin in Cases 2 and 4, as in neither was there any ulceration of the intestines, nor any diseased structure in the neighbouring parts, from which the disease could have been transmitted by continuity of surface.

It appears to me they come under the class of cases described by Mr. Henry Lee, in which coagulation in the vein is produced by the presence of pus or some foreign matter in the blood; and that the subsequent inflammation was owing to the stagnation of vitiated blood in the vessels. All were in the last stage of phthisis. The lungs contained numerous suppurating surfaces, from which pus or some foreign matter might readily be conveyed into the circulation.

With reference to this view of the question, the following

remarks, made a long time ago by an acute observer, may find their application. "Si, dans beaucoup de cas, la cause première des maladies réside dans les solides, elle peut ensuite être transmise aux fluides qui réagissent à leur tour sur les solides, en vertu du consensus étroit qui existe entre les uns et les autres. Or, combien de produits morbides formés dans le sein de nos organes peut ainsi servir de germes à de nouvelles maladies; car toute matière purulente en contact avec des tissus vivans, toute désorganisation qui tend au ramollissement, sont des espèces des poisons intérieurs plus ou moins actifs dont l'absorption peut s'emparer. N'est-ce pas ainsi qu'il faut expliquer ces fièvres consomptives qui accompagnent les grands foyers de suppuration, le ramollissement des tubercules, du cancer, et plus tard ces lésions nombreuses, et ordinairement de même nature, qui surviennent dans une foule d'organes, comme autant de rejetons de la première maladie?" (Dance, "Sur la Phlébite," 'Archives de Médecine,' vol. xix.)