smooth stretched plane of the vagina extending backwards, the rounded firm mass felt through the elastic plane, and the vascular appearance of the vagina and vulva—*raise the presumption of pregnancy almost to certainty.*

Still, there are other conditions that may deceive. A case that presented in a high degree a combination of the signs described was the following. A lady had had two children. After the last, which was born in July 1867, the abdomen did not diminish in size to the extent expected. After six months, she began slowly to increase. She was brought to me with the object of ascertaining whether the increase was due to pregnancy or to an abnormal growth. I found abdominal enlargement that would correspond to three or four months of gestation; no fluctuation or distinct tumour. The os was tilted up and backwards, not characteristically soft; the anterior roof of the vagina was on the stretch; the uterus was a little enlarged and anteverted; the mucous membrane exhibited a sub-violet colour, with creamy mucus. There was hardness and resistance in the right iliac fossa. I reserved my opinion as to pregnancy, leaving this in doubt; but stated the probability of a tumour. About five weeks later, it was considered that she was in labour; but collapse increased, with severe abdominal pain, and she died in a few days. On dissection, the uterus was found not to have been pregnant; there was some enlargement, with anteversion. The anteversion was caused by the pressure of an ovarian tumour upon the body of the uterus. The colour of the vagina was due to congestion from pressure. The cause of death was remarkable. The tumour, which had increased rapidly in size during the last month, had become twisted on its axis, so that the pedicle resembled an umbilical cord. The strangulation of the vessels so induced had led to rupture of vessels in the cysts of the tumour.*

The converse of the backward stretching of the vagina happens in the case of retroversion of the gravid womb. In this case, the cervix uteri is jammed behind and above the symphysis pubis; the lower and posterior wall of the vagina is bulged forward by the fundus uteri.

CASE OF THROMBOSIS OF THE HEART, ETC., AND OF THE RIGHT FEMORAL VEIN; WITH FATTY DISEASE OF THE KIDNEYS.

By D. DYCE BROWN, M.A., M.D.,

One of the Medical Officers of the Aberdeen General Dispensary, and late Assistant Professor of Materia Medica in the University of Aberdeen.

ELIZABETH M., aged 10 months exactly, had been delicate from her birth. She was attacked twelve days before death with scarlet fever, in which she was going on well, till the sixth day before death, when she was suddenly seized with very rapid and short breathing. The pulse became small and quick; the skin was hot, with general feverishness and thirst. The bowels were regular; the urine free; the tongue and the inside of the mouth and gums were ulcerated. She could hardly be made to take the breast, which the mother attributed to her sore mouth. On examination by the stethoscope, nothing but harsh breathing could be detected. There was no dulness on percussion. Three days later, the right thigh and leg were found to be swollen, but not oedematous, and discoloured of a purplish hue. There was seemingly no pain in the limb, the temperature of which was not lower than that of the left limb. The pulsation in the right femoral artery was much fainter than that on the left side. Next day, there were also, with the harsh breathing, slight bronchial *râles*, but no dulness. Two days later she died, the symptoms before death being very hurried, short breathing, pulse hardly perceptible, face anxious and pale, discoloration in the right limb more pronounced. From the first access of these symptoms till the last, she had hardly any cough.

Dr. Alexander Ogston kindly conducted the *post mortem* examination, thirty-six hours after death, of which the following is his report.

On the outside of the body there was nothing very remarkable beyond a purplish blue discoloration of the skin over the right groin and haunch, and upper part of the right thigh, which discoloration was the more conspicuous as the rest of the surface was of a waxy paleness. The uniform purplish discoloration of the right thigh and leg, as well as the swelling observed during life, had almost entirely disappeared. There were the usual cadaveric lividities of the back parts; the joints were flaccid; the pupils small. On opening the chest the pleure were healthy.

* I have seen another case in which an ovarian tumour was rolled over in a similar manner by the growing pregnant uterus. Death ensued in the same manner by rupture of the vessels of the cyst.

and the pericardium distended with a fluid ounce of clear serum. The whole of the contents of the chest were removed in a mass, and examined after being separated from the body. On opening the right auricle, it was full of clot, half of which was the usual red blood-clot, and half yellow and fibrinous. This fibrinous clot, which was densest and yellowest in the auricular appendix, became deeper and deeper in colour, until it passed into the red clot; but did not extend into either of the venæ cavae. The right ventricle was empty; but the pulmonary artery, from the valves onwards, was full of fibrinous clot; which, on being pulled out, formed a cast of the trunk and branches of the artery to its finest ramifications. The left ventricle was empty; the left auricle was full of fibrinous clot, densest and yellowest in the auricular appendix, and extending into the smallest ramifications of the pulmonary veins. The aorta was full of a similar yellow clot, exhibiting, when pulled out, a cast of the arch and descending thoracic aorta, and of the main arteries of the head and arms for a short distance. The substance and valves of the heart were quite healthy. The thymus gland was diminished to about one-half of its original size. The lungs were bulky. The upper lobe of the right lung was healthy; the middle lobe of the right lung having an almost emphysematous feel. The back part and lower lobe of the right lung were solidified and hepatized; and gave out, on pressure, a very little muco-purulent fluid from the cut bronchi, and serum from the lobes themselves. The hepatized part was not softened. The left lung had the front of its upper lobe a little emphysematous to the feel, but otherwise natural. The back part and lower lobe of the left lung were in the same state as the corresponding parts of the right lung. The stomach, liver, spleen, and intestines, were healthy. The abdominal aorta was empty; the abdominal vena cava contained semi-fluid blood. The left kidney was large, flabby, pale, and extremely fatty throughout, and showing all the appearance of advanced fatty disease, both on section and when stripped of its capsule. The right kidney was intensely fatty; hardly a trace of normal tissue remaining. The bladder contained a small quantity of urine, which, with heat, gave a copious deposit of albumen.

On making an incision down the front of the right thigh, along the course of the main vessels, which laid bare the internal saphenous vein, this vein, to the length of one inch from its origin, felt like a hard incompressible cord, and was found filled with a hard, blackish, friable, dry clot, of the consistence of the lymph usually deposited on the inner walls of an aneurism. Below this, it was filled with semifluid blood; and the walls of the vein bore nowhere any traces of inflammatory action. The femoral vein, from the level of Poupart's ligament to two inches downwards, had the same hard feeling, and was filled with the same hard clot; the clot extending for a quarter of an inch into the profunda branch. This clot in the femoral vein presented a peculiar appearance. Although, on the whole, black, hard, and friable, as above described, it presented, at intervals of about half an inch, places where it was firm, white, and fibrinous; and was thus composed of short white portions alternating with black longer parts. This was evidently owing to the manner of its formation; the white portions, which were evidently the first that had been formed, corresponding to places where the venous valves were present; small projections (from the white portions) themselves even more white and tough, fitting into the sinuses of the valves, and seeming to have been first produced. The appearances led distinctly to the inference, that the thrombus, commencing in the sinuses of the valves, grew thence till the vein at the part was plugged; the intermediate black clot having been formed by the imprisoned blood. Above and below this part described, the vein contained semifluid blood, and presented no trace of any inflammatory action. The femoral artery on this side, as well as the femoral artery and vein on the other side, were natural. There was nothing else unusual. The head was not examined.

REMARKS.—The interest of the case is manifest. The fatty disease of the kidneys was sufficient to account for a condition of blood tending to production of thrombosis; while such disease of the kidneys, and such extensive and well marked thrombosis, in a child ten months old, is sufficiently uncommon to deserve record. The sudden access of hurried and short respiration, with the purplish discoloration of the limb, prove that the thrombi had begun to form some days before death. These two sets of symptoms, along with the absence of stethoscopic signs to account for the state of the respiration, pointed at once to the diagnosis. The hepatization of portions of the lungs was evidently merely the precursor of death, as, two days before, there was no dulness on percussion on either side. The small quantity of mucopurulent fluid which could be pressed from the cut bronchi, was just what one would have expected to find from the existence, two days before death, of slight *râles*.