1882.—DEATHS FROM CHLOROFORM.

No.	Place.	Sex.	Age.	Operation.	Mode of Dying.	P.M. AND REMARKS.
1	Sussex County Hospital.	M.	27 years.	Setting compound-fractured leg.	Syncope.	"Heart in advanced fatty degeneration."
2	Children's Hospital, Manchester.	M.	9 "	Opening abscess.	Syncope.	No p.m. "Died a few minutes after the operation was finished."
3	Royal Free Hospital.	M.	54 "	Dislocated shoulder.	Syncope.	...
4	Malvern Wells.	M.	51 "	Dislocated shoulder.	Syncope.	P.m. "Might have died at any minute."
5	Broughton Ferry.	M.	...	Operation for sympathetic ophthalmia.	Syncope.	"Organs healthy."
6	Gloucester Infirmary.	M.	23 "	Enucleation of eye.	Syncope.	"Organs healthy."
7	Surgical Home, Fitzroy Sq.	M.	27 "	Lumbar abscess.	...	"Heart healthy."
8	Carlisle Infirmary.	M.	9 "	Inserting section in thyroid.	Asphyxia.	Trachea partly obstructed by large tumour. Death from spasm of glottis. Tracheotomy impossible.
9	Guy's Hospital.	F.	...	Fracture of leg (setting).	Syncope.	"Fatty heart."
10	Rotunda, Dublin.	F.	34 "	Ovariectomy.	Syncope.	"Heart and Respiration failed 4 minutes after commencement. Organs healthy, except that tumour pressed on diaphragm."
11	Canterbury Hospital.	M.	49 "	Necrosis of toe.	Syncope.	"Partly recovered during operation, and sat up. Pulse stopped." No p.m.
12	St. Bartholomew's Hospital.	M.	...	Cancer of lip.	Syncope.	During period of excitement. P.m. Heart large, degeneration of coronary arteries.
13	St. Mary Abbot's Infirmary, Kensington.	M.	35 "	Fistula in ano.	Syncope.	Pulse stopped during period of muscular rigidity.
14	Bradford Infirmary.	M.	14 "	Dislocated elbow.	Syncope.	Ten minutes after cessation of administration. No p.m.
15	St. Peter's Hospital.	M.	40 "	Stricture of urethra.	Asphyxia.	"Ceased to breathe, and died in a few minutes." P.m. "Fatty heart."
16	Guy's Hospital.	M.	36 "	Amputation of thumb.	Syncope.	"Pulse failed." P.m. "Fatty heart."
17	University College Hospital.	M.	33 "	Cancer of tongue.	...	"Turned blue and pulse ceased. Kidneys and liver diseased, heart very slightly so."
18	London Hospital.	M.	58 "	Cancer of tongue.	...	Pulse stopped during struggling; lividity. No p.m.
19	Glasgow Infirmary.	...	...	Amputation of toes.	...	...
20	St. Bartholomew's.	M.	32 "	Fracture of jaw.	Asphyxia.	Trachea and larynx; much bruised, and contained blood.
21	Middlesex Hospital.	M.	44 "	Cancer of larynx.	...	...
22	Carlisle Infirmary.	F.	17 months.	Passive motion of knee joint.	Asphyxia.	Bronchi almost occluded with viscid mucus.
23	Sunderland Infirmary.	M.	49 years.	Necrosis of finger.	Syncope.	"Heart distinctly fatty."

and the man was dead. At the necropsy, all the organs were found to be healthy, except that the right kidney contained a cyst, and there was a "small black mass" inside the pericardium at the root of the aorta. At the same time, the man could hardly have sustained the accident he did, without a somewhat severe shock to his central ner-

vous system, and he could hardly be said to be in a perfectly healthy condition, though his organs showed no gross disease. In this respect, the deaths under ether contrast strongly with many of those due to chloroform. One death occurred from a mixture of chloroform and ether. None are recorded from methylene dichloride, or ethylene.

II. DEATHS FROM ETHER.

No.	Place.	Sex and age.	Operation.	P.M. AND REMARKS.
1	Guy's Hospital.	Male.	Emphysema.	Asphyxia, from pus in air passages.
2	Reported by "MB., M.S."	F., 50	Polypus uteri.	"Patient was suffering from blood-poisoning. Breathing ceased after 1 hr. 25 mins. operation, 5 mins. after ether was discontinued. There was a mitral murmur. On inversion, a gush of blood came from patient's mouth."
3	Birmingham Women's Hospital.	F., 45	Uterine tumour.	Patient very feeble. Pulse failed, then respiration, 5 mins. before operation. P.m. Heart weighed 4 ozs. Kidneys rather granular.
4	York Hospital.	M. 53.	Amputation, forearm.	Asphyxia—vide supra.

DEATH FROM CHLOROFORM AND ETHER.

Middlesex Hospital.	F., 53	Colotomy	Began to vomit. Suddenly appeared to be choking,—ceased to breathe.
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CASE OF CANCER OF PANCREAS, ACCOMPANIED BY PHLEGMASIA DOLENS.

BY LEONARD CANE, M.D. AND B.S.LOND.

THE following case presents many points of interest. The patient, the Rev. A. M., aged 59, and married, had always enjoyed first-rate health until lately, when he suffered from indigestion and flatulence.

On July 16th, 1881, he consulted me for the first time, complaining of discomfort after eating, flatulence, etc. The tongue was thickly coated with a white fur. His friends had noticed that he had not been looking so well for some months, but he had not complained of anything. A few days after this, he complained of pain in the right calf; and, on examination, I found slight swelling of the leg, and tenderness, especially along the inner side of the leg and ankle. The superficial veins appeared full. The leg was banded, and relief was derived from this. There was much sleeplessness, and chloral was given to procure sleep.

On July 29th, the other leg became affected in a similar way, and it was now found that the saphenous vein on the right leg was plugged. It was hard, painful, and very tender.

As both legs were now affected, and there was no obvious cause for the phlegmasia dolens, a thorough examination was made. There was no history of syphilis, of rheumatism, or of any previous disease. The back was examined, but nothing wrong was found. The abdomen was thoroughly examined; no sign of any tumour was detected. Bearing in mind Trousseau's statement, that phlegmasia dolens was frequently associated with cancerous cachexia, a careful investigation was made. There had been no hæmatemesis, vomiting, etc. The heart and lungs were sound; the bowels constipated, but regular; the urine normal.

On August 15th, I saw the patient, in consultation with Dr. T. J. Walker. We agreed that there was phlegmasia of both limbs, that there was no appreciable tumour to be found in the abdomen, and no apparent cause for the plugging of the veins. He was ordered to continue antigitout remedies, and to have both legs enveloped in flannel bandages. Strict injunctions were given that he should keep quiet in bed, and be moved as gently as possible, for fear of dislodging a clot.

Both legs and thighs continued to swell. The saphenous veins felt firm, like cords, and were very tender, and there were patches of capillary congestion on the thighs and hips; but, beyond this, there were no special symptoms. The tongue remained very coated. The pulse was regular. The temperature averaged about 99°, and never exceeded 100°; this was on one evening, when the whole of the thigh part of the left saphenous vein became rather suddenly occluded.

A mixture containing iodide of potassium and citrate of iron was

now given, but without any apparent improvement. The thighs and legs were painted over the saphenous veins with iodine.

From September 13th to September 26th, he was attended by Dr. Walker, during my absence from home. He had slightly improved; the legs were less swollen, the hardness of the veins had diminished, and, in the upper part, the veins had become pervious. There was much less pain, but still sufficient to require small doses of morphia to procure sleep.

Early in October, it was noticed that he had slight difficulty in speaking. This was first discovered by his ineffectual attempts to get out the word "Pocklington." He gradually became aphasic. He could understand perfectly what was said, but could not get out his words correctly. When given a pencil, he could write, but not spell correctly. A few days after this, it was noticed that he could not unbutton his clothes so well as before with his right hand, and that he had some difficulty in picking up small things. There was considerable loss of power in the grasp of the right hand, and the right side of the face was slightly paralysed. The superficial veins on the hips, in the hypochondriac and hypogastric regions, became painful, then hard and tender, and then gradually lost their tenderness, but retaining their hardness for some time longer, before becoming again pervious. This occurred in one vein after the other for two or three months. The saphenous veins cleared at one time, and the oedema lessened; but a recurrence of the plugging took place on several occasions. The femoral veins were obstructed at one time. It was now observed that he was less intelligent, and that he could not bear to be read to, etc. He perfectly understood all that was going on, and could with some difficulty make himself understood.

On November 21st, I saw him, in consultation with Dr. Paley. A thorough examination was made, and diligent search for any abdominal tumour, but none could be found. A microscopic examination of the blood was made, without any other result than the discovery that there was a marked increase in the number of white corpuscles. The patient at this time had a fairly good colour, not at all a cachectic hue.

From this time, the hemiplegia became complete. There was paralysis of the right side of the face, the right arm, and the right leg. The veins became pervious in the legs; and, when kept continuously in bed, the oedema disappeared. Occasionally, vomiting occurred after taking meals, but this was by no means a constant symptom. There was frequently hiccough.

On December 18th, after a prolonged examination (greatly favoured by the emaciation, which had steadily progressed), I discovered, about an inch below the umbilicus, and on the left side of the spine, a flat irregular mass, hard, not tender, as the patient did not show any signs of pain when it was touched. It was not movable, and was apparently adherent to the spine.

From this date, the patient gradually became more and more exhausted. He passed his motions and urine in bed; and had frequently hiccough for hours together, with occasional sickness. He was conscious up to the day before his death, recognising people, but not apparently able to make any mental effort. He died on January 15th, 1882.

On January 16th, a *post mortem* examination was made; Dr. Kirkwood and Dr. W. E. Paley assisting me. The heart and lungs were healthy. There was no peritonitis. General engorgement of the veins of the omentum was present. The liver was adherent to the diaphragm over the whole of its upper surface. The stomach was healthy. The spleen was somewhat enlarged; on the surface, near the upper end, were some thickened patches of organised lymph. The kidneys and suprarenal capsules were normal. Below the stomach, there was an irregular mass, taking the place of the pancreas and extending downwards about four inches. It was closely adherent to the spinal column. On dissecting it away, and removing with it the duodenum and part of the aorta, vena cava, and their branches, the mass was found to consist of a cancerous growth, which had taken the place of the pancreas, leaving only a portion of the pancreas in an apparently normal condition. A number of cancerous glands joined into one mass surrounded the aorta and vena cava, and extended as far as one inch beyond the bifurcation of the aorta. On slitting up the vena cava, it was found to be empty. There was no sign of inflammation except in the right iliac vein, which was obliterated by inflammatory adhesion. The aorta appeared to be quite healthy. The head was not opened. In the veins examined, the blood was fluid, and no clots were found.

REMARKS.—This case illustrates remarkably, I think, the statements of Trousseau on Phlegmasia Alba Dolens (*Clinical Lectures*, vol. v). He states: "I have long been struck with the frequency

with which cancerous patients are affected with painful oedema on the superior and inferior extremities, whether one or the other was the seat of cancer. This frequent concurrence of phlegmasia alba dolens with an appreciable cancerous tumour, led me to the inquiry whether a relationship of cause and effect did not exist between the two, and whether the phlegmasia was not the consequence of the cancerous cachexia. I have, since that period, had an opportunity of observing other cases of painful oedema, in which, at the necropsy, I have found visceral cancer, but in which, during life, there was no appreciable cancerous tumour, and in which there existed a cachexia referable neither to the tubercular diathesis, the puerperal state, nor chlorosis. I have thus been led to the conclusion that, when there is a cachectic state not attributable to the tuberculous diathesis, nor to the puerperal state, there is most probably a cancerous tumour in some organ." Further on, he states of a patient diagnosed to have leucocythemia, "Perhaps; but he has phlegmasia alba dolens, and consequently deep-seated, concealed cancer."

In another case of annular cancer of the pylorus, without special vomiting, the same symptoms led to the diagnosis of cancer; and he states that, "in other cases in which the absence of any appreciable tumour made me hesitate as to the nature of a disease of the stomach, my doubts were removed, and I knew the disease to be cancerous, when phlegmasia alba dolens appeared in one of the limbs."

OBSTETRIC MEMORANDA.

CASE OF EXTRA-UTERINE GESTATION: TUBAL RUPTURE AND RECOVERY.

THE following case is interesting, in connection with that reported by Dr. Habgood, in the JOURNAL of February 10th.

Mrs. B., aged 30, with five children living (youngest, eight months), was suddenly taken ill under the following circumstances. On July 15th she was as well as usual, but walked some distance in the afternoon, and was a little fatigued in consequence. About half-past eight in the evening, she was stooping over some linen just sent back from the laundry, when she was seized with severe pain in the back and stomach, and thought that something had gone wrong or given way in her abdomen. Mrs. B. hastened to bed, and the rest temporarily relieved her. On my arrival at half-past nine, the pains had again increased to an alarming degree, and symptoms of collapse became evident. The pains were now of an acute lancinating character, causing the patient to cry out in agony. They continued through the night in paroxysms, and were for the most part abdominal, but extended also occasionally to the thorax and shoulders, etc. The patient described a sensation of something moving or being swayed about internally (apparently the cause of the pain), and she frequently and emphatically stated that she felt the object, as it were, "pitching about" within her. She asserted that it gave her the idea of the feet and legs of a child; and, on placing my hand on the abdomen, I once distinctly felt something corresponding to this impression. Between the pains, and at intervals, the patient had four or more severe fainting fits. About 11 o'clock, and again an hour later, there were two actions of the bowels, the fæces presenting no peculiarities. Retching fits also occurred, and once or twice there was vomit. The extremities became cold; the pulse weak, intermittent, and fluttering; and the patient became anxious, and had a presentiment of death.

The treatment was directed to sustain the bodily temperature by brandy, etc., and to relieve the pain by opiates, which were administered in full doses. Warm fomentations were also applied externally; but, notwithstanding my perseverance in these measures, the pains, etc., continued, and matters seemed going from bad to worse.

In the early morning, I obtained the service of two colleagues, one of whom had a long midwifery experience. After a long consultation, the views I had formed of the case were accepted, and it was agreed that little further could be done for Mrs. B., beyond supporting her with any nourishment she could take. Fortunately, about midday, the morphia at last began to have effect, and the pains gradually to abate. The temperature, which had been up to 102°, began to fall, and the pulse slowly to improve. The patient was sustained entirely by the suction of ice, Brand's essence of beef, and champagne.

Mrs. B. now quickly rallied. The next night was favourable; all pain subsided; the abdominal tenderness lessened; and the bladder was relieved, without difficulty, of non-albuminous urine. Extreme drowsiness prevailed for the next forty-eight hours—the effect of