the rupture, towards the obliterated artery, and by the interposition of the sac and intestine between the parietes of the abdomen and the peritoneum, (the neck of the sac retaining its connections externally,) the inner edge of the neck and the obliterated artery would be forced in a direction backwards and somewhat outwards, so as to bring the latter more nearly opposite the internal ring. Its resistance, added to that afforded by the connection of the peritoneum with the walls of the abdomen, would then form an obstacle to the complete reduction. Be that as it may, the cord of the vessel exercised considerable pressure, much more than might, *a priori*, have been anticipated. The difficulty in returning the intestine after the neck of the sac had been divided, and the mark discovered about the portion of bowel that must have occupied the large pouch, sufficiently show this. The manner in which the reduced portion of rupture was girt between the hypogastric cord and the abdominal parietes would have prevented the reprotrusion of that part by the efforts of coughing and straining, as have been recommended, the effect of such attempts being to cause the cord to press more tightly upon the part it constricted. The depth from the surface at which the stricture was placed, and the obstacle the hypogastric cord occasioned to the return of the intestine, furnished the only difficulties in the operation. The return of the intestine might have been facilitated by dividing this cord if it could have been recognized; but then, it should be remembered that it is sometimes pervious by a narrow canal conveying blood for the supply of superior vesical arteries, and a troublesome, perhaps serious hæmorrhage, might have resulted. The continuance of the symptoms of strangulation after the operation was due to the portion of bowel not recovering itself after it was replaced.

Canterbury, Nov. 7, 1848.

CASE OF SUDDEN DEATH, CONNECTED WITH PREGNANCY: PHLEBITIS AND DUODENITIS.

By R. F. GEORGE, Esq., Surgeon to the General Hospital, Bath.

(Read at the Quarterly Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, September, 1848.)

I am induced to bring before this meeting a brief statement of a case which fell under my observation in the early part of last year, on account of its bearings both upon pathology and forensic medicine.

On the 6th of March, 1847, I was requested to see a stout girl from the country, between 15 and 16 years of age, who, I was informed, had been suffering for the last three months from a painful swelling of the left leg. The disease commenced with acute pain in the calf, followed quickly by a firm colourless tumefaction of the whole limb up to the knee. The catamenia had been suspended for four months, but there was no

sickness, no loss of appetite or strength, slight excitement of the circulation, and little apparently amiss in the general health beyond the interruption of the menses and a sluggish state of the bowels. She had a childish horror of medicine, and had therefore imperfectly attended to the directions of her medical adviser, and had rejected the various nostrums which her matronly friends recommended for the restoration of her periodical function. I further learnt, that about six weeks before she came to Bath, after the application of some leeches to the lower part of the leg, and other remedies, the swelling of the limb rather lessened, but that in the night she was attacked with intense pain in the region of the heart, with anxiety, and coldness, which symptoms, under the use of stimuli, passed off, and immediately afterwards the leg returned to its former state of tumefaction. From the character of the swelling, and its history, there could be no doubt of its being the result of inflammation of the saphæna vein, though the cause of that phlebitis was obscure.

I ordered the application of leeches to the calf, with rest, and some aperient medicine, and two days later, finding her easier, I directed their repetition, which removed the pain and swelling, and in three days the patient was able to walk without inconvenience; but on the eighth day she was attacked with violent pain of the same character in the right calf, which the prompt use of leeches relieved in a few hours, and during the remaining four days of her life she moved about with ease. On the day of her death she appeared in good health and spirits, made a hearty dinner of beef, vegetables and porter, with the family, at one o'clock, and remained in the same room where she had partaken of that meal until three. Immediately that she quitted the apartment she began to groan, complained of agony at the pit of the stomach, became faint and vomited, and in three quarters of an hour breathed her last.

I reached the house about half an hour after her death, and hearing the history, desired that a vessel containing a large quantity of the matter vomited, consisting of partially digested food, of a brown colour, and strongly smelling of beer, should be set aside for future examination, a direction which, through the stupidity of the nurse, was not attended to.

Examination twenty-four hours after death:—Body well formed and very fat; complexion muddy; breasts developed with dark brown areolæ; legs still rather swollen and hard; no indurated cord or knot perceptible in the course of the saphenæ; a thick layer of fat deposited between the skin and muscles; blood in the superficial veins extremely fluid. The lungs were healthy, a small quantity of serum being collected in the cavities of the pleura, but not more than would be caused by infiltration. Heart small and rather pale, its right side filled with fluid blood, and a small quantity of colourless serum was found in the pericardium. The mouth and fauces, as well as the œsophagus, presented a healthy appearance throughout. The stomach, and three feet of small intestine, were removed for future examination. The rest of the intestinal tube, and other abdominal viscera, were in a normal

condition; the bladder was free from inflammation, and contained a small quantity of urine. The uterus was emerging from the pelvis; its fundus and upper surface were marked by broad streaks of inflamed veins; its interior was healthy, and contained a male fœtus of about four months. The ovaries were healthy, and there was no effusion into the abdomen or pelvis. The left vena saphena was dissected out from the calf upwards; it was throughout its course red and thickened, and its calibre filled up with a plug of adherent fibrin.

In making the above examination I was assisted by my friend Mr. Soden, and at its conclusion we carried the stomach and the intestine to Mr. Bartrum, by whom, conjointly with Dr. Davies, a most careful chemical analysis of the contents of the stomach was conducted, and at whose house a close investigation of the parts was made on the next day, of which the following is a summary:—

The intestine beginning from the pylorus was three feet in length; it was spread upon a clean board, and laid open through its whole extent; it was generally empty, and the greater part appeared natural in colour. A portion of the bowel, for about nine inches in extent, commencing at the pylorus, was in a state of minute punctiform injection, gradually increasing in intensity; the part included between the fifth and eighth inches, being that in which the depth of colour was greatest, from thence it gradually abated until the redness was lost in healthy structure at about the fifteenth inch from the pylorus. From this point downwards the intestine presented such an appearance as is usual during the time digestion is going on.

Stomach—Contents:—The stomach contained five fluid-ounces of partially digested food, mixed with mucus, of a dark brown colour, smelling strongly of malt liquor; the whole lining membrane of the stomach was spread over with a thick and pretty uniform layer of tenacious mucus; commencing within half an inch of the cardiac orifice, and extending over a space of four square inches, the mucous membrane presented the appearance of acute inflammation, consisting in minute punctiform injection, of a dark red colour; from this point, until within three inches of the pylorus, the mucous membrane was partly inflamed and partly healthy, there being rather an extensive patch of injected membrane about the centre of the viscus. At the point named,—viz., three inches from the pylorus, the mucous membrane was again minutely injected, the colour being more florid than that at the cardiac extremity, and became continuous with the condition already described in the duodenum.

Dr. Davies and Mr. Bartrum, after devoting a considerable time to the analysis of the contents of the stomach, were unable to detect a trace of any vegetable or mineral poison. Their examination was directed to prussic and oxalic acids, arsenic, and bichloride of mercury, besides savine and local irritants, none of which were found.* If we may rely on the results of their varied

experiments, (and, from the care used in conducting them, they are fully entitled to confidence,) the swallowing of poison must be dismissed from our consideration, as a cause of the inflammation of the stomach and duodenum which proved so rapidly fatal. The origin of this destructive inflammation becomes then a question of peculiar interest, taken in conjunction with the uterine phlebitis which, from the history of the case, there is reason to suspect had, more or less, existed during many weeks. The duration of the duodenal inflammation is also a subject of interesting speculation, as there were no symptoms indicating its presence until three-quarters of an hour before death, and yet it is difficult to believe that so much organic alteration as was apparent upon the *post-mortem* examination, could be developed in so short a time.

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It is a singular anomaly that, with a numerous body of educated and extensively-qualified gentlemen, very many of whom are individually held in the highest estimation by the public, and to the exertions of whom, as a body, both the Government and the community stand confessedly deeply indebted, several public offices in the State, which can alone be properly filled by members of the medical profession, should be conferred upon individuals of other professions, or of no profession at all, and whose previous education and habits of life, in many instances, absolutely unfit them for the discharge of duties of this description. To refer again to the present President of the Board of Health, as a most illustrious example of the anomaly:—What can be more absurd, than to find a Peer of the realm, belonging to one of the highest families of the kingdom, an hereditary legislator, discharging the functions of chief of the Medical and Sanitary Departments of this kingdom, almost even without the assistance of any medical person, at a time, too, when a malignant and fearfully fatal pestilence threatens the entire country?

Let us not be misunderstood here, in supposing to infer that the noble lord is descending from his high estate in thus taking office with a view to the conservation of the public health. We have too high a sense of the real position of that profession to which we have the privilege of belonging, to deem it any degradation to the highest in the land, really to know and to

* The substances sought for in the analysis of the contents of the stomach were prussic acid, bichloride of mercury, arsenic, and oxalic acid, not a trace of any of which could be discovered by Dr. Davies or Mr. Bartrum.