

boy had been taking. This case was subsequently reported. A similar one may be found in the Sydenham Society's plates of skin diseases. Both of these eruptions were due to the bromide of potassium; the peculiarity of the present case lies in the fact that the manifestation is due to the iodide, and not the bromide of potassium.—*Medical and Surgical Reporter.*

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### THROMBOSIS OF PORTAL AND SPLENIC VEINS; RAPID FILLING OF THE PERITONEAL CAVITY; GENERAL PERITONITIS.

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Lieut.-Gen. T., while in Washington the latter part of February, 1879, as he was about to leave the house where he was staying to go to a dinner party, was suddenly attacked with hæmatemesis, vomiting, it was said, more than a quart of dark blood. In two weeks from this time he recovered his strength sufficiently to leave Washington and come on to New York. Previous to the attack of hæmatemesis, he represented himself, and evidently believed himself, to be in good health, but his friends had for some months observed appearances of bad health. On his arrival in New York he consulted Prof. Austin Flint, who found the spleen greatly enlarged and tender on pressure, and some fluid in the peritoneal cavity. The liver seemed of normal size. His appetite was good, and he complained of nothing except shortness of breath and difficulty in going up stairs. The abdomen rapidly enlarged and became painful, and his general condition became worse.

March 23, Dr. Barker was associated with Dr. Flint in the case. The patient's appetite now began to fail, and he suffered so much distress from distension of the abdomen that it became necessary to relieve him by tapping. I did the tapping, and drew off nine quarts of fluid. For the first time, it was now possible to make a thorough examination of his abdomen. No tumor of the stomach could be found. The liver seemed normal as to size, and his habits of life and symptomatic history seemed incompatible with the theory of cir-

rhosis of the liver, while the enlarged spleen and the hæmatemesis were believed to be due to some obstruction to the portal circulation.

For three days after the tapping he was greatly relieved of both the pain and dyspnoea, rising about ten o'clock and sitting up until evening. He took about two quarts of milk a day with great relish, but very little food besides.

On April 8th he began to complain of great pain in the abdomen, nausea, weakness, and disgust at the sight of food. The next day he vomited about a quart of fluid, which was chiefly blood, having the appearance of black vomit. He also had several discharges from the bowels of the same character. He became unconscious April 11th, and died in the night.

**AUTOPSY,** April 12th, made by Dr. W. H. Welch, twelve hours after death: *Exterior.*—Emaciated. Old brownish cicatrix over crest of left tibia, said to be due to a wound received in the Mexican war.

*Heart.*—Dimensions of heart walls and cavities normal. Recent fibrinous vegetation, of the size of a pea, on auricular surface of mitral valve; also, several smaller fibrinous deposits on the same surface.

*Lungs.*—Old pleuritic adhesions on both sides, hypostatic congestion, and œdema.

*Spleen.*—Much enlarged, about ten inches long and six broad; consistence firm; capsule much thickened in spots. The organ contains several hæmorrhagic infarctions, three of large size, one being four inches in diameter. The large ones are of dark-red color; some of the smaller ones are partially decolorized. Grayish-red ante-mortem thrombi can be detected in the branches of the splenic vein leading to the infarctions.

*Kidneys.*—Surface coarsely lobulated; presents several cicatrix-like depressions; cortical substance thin; capsule non-adherent.

*Liver.*—There are two cicatricial depressions on the upper surface of right lobe. The remaining surface is somewhat granular, but the cut surface shows no signs of cirrhosis or other change.

*Peritoneal Cavity.*—Contains several quarts of yellowish fluid holding in suspension flocculi of fibrine. There are present recent fibrinous