

5. The *impossibility* of making a diagnosis between *scarlatina* and *diphtheria* in the very early stage of her acute illness.

6. The ease with which *enucleation* was done just after death.

7. The *extreme rarity* of papilloma of the tonsils.

PHLEGMASIA DOLENS.

REPORTS OF TWO CASES, BOTH ENDING FATALLY,
ONE FROM SUPPURATIVE PHLEBITIS, THE OTHER
FROM EMBOLISM.

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Was called upon on the 27th of October, 1884, to attend Mrs. D., æt. 39 years, in her ninth confinement. Found that she had been lying in bed for ten days with what she called her "sore leg." Upon examination found that her left leg exhibited the worst case of varicose veins, without the surface being broken, I had ever seen.

Was informed that she had had trouble at a previous confinement—when the friends were told by the physician in attendance that it would probably go hard with her if she should again become pregnant.

From the description given, would say that the difficulty on that occasion must have been of the nature of phlegmasia dolens. Upon this occasion the whole leg was swollen, and dotted over with blue tumors, larger than a pigeon's egg, which, upon examination, were found to be tense varicose veins, ready to burst. She was five or six hours in labor, but came through it fairly well, without the aid of instruments. There was no flooding. The child was born alive. Remained the usual length of time after delivery, and, as I lived nine miles from my patient, gave particular directions as regards cleanliness. Urged her to lie in bed longer than usual on account of the leg, and advised her to get it bandaged before getting out of bed. I left her, hoping that all would be well; was called upon the fourth day, the messenger saying that she had taken chills, followed by fever, and was quite ill.

Found my patient with a temperature of 105°, pulse 120, and somewhat compressible; the milk had been secreted and the lochia was free and sweet. Examined the leg and found it swollen

and painful, the femoral vein being like a whipcord, and the inguinal glands tender and enlarged. The skin was tense and glazed, and the veins were at places near the bursting point. Told the friends that it was a case of phlegmasia dolens, or, what in common parlance is known as "milk-leg." Caused the leg to be raised, and ordered hot fomentations, and prescribed quinine and ammonia, with whisky and milk. Syringed out the vagina with hot carbolic lotion, 1 to 40, and ordered the clothing to be changed every day, as had been done since delivery; enjoined fresh air and sponging the surface of the body, and left. This was on the 31st of October. Next day the husband called for medicine, and informed me that she was no worse. I visited her on the following day, also on the 4th, 6th and 8th. Expected that the case would be a tedious one, I resolved to visit the patient only on alternate days.

To condense the report, we would say that the case went on from bad to worse, contrary to my expectations, until it reached a fatal termination. The milk was suppressed, the lochia became scanty and of a bad odor, and the limb swelled until it was about double the size of the other one. What was still more serious, abscesses to the number of over a dozen formed along the course of the femoral vein.

These we lanced freely, and ordered to be sponged with carbolic lotion every three or four hours. Linseed poultices covered with pulverized charcoal, were applied, and changed after each sponging. The bowels had been kept open from the first with medicine, but the motions continued unhealthy, and had a bad odor throughout her sickness.

She had a succession of chills, followed by a high temperature, sometimes reaching 106°, then came profuse sweatings, with a dry, brown tongue, and other symptoms of pyæmia. The face now wore an anxious expression; the pulse ran up to 150, then delirium supervened, and finally she sank into a comatose condition, and died in a state of exhaustion.

This was the first and only case of suppurative phlebitis, or what might technically be termed peri-venous cellulitis, which I ever had in a practice extending over a quarter of a century. I had given a favorable prognosis up to the time of the formation of pus in the veins, but after that