ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Tuesday, Feb. 9, 1841.

SIR B. C. BRODIE, BART., President, in the Chair.

READ, HISTORY OF A REMARKABLE CASE OF PHLEBITIS, WITH OBSERVATIONS BY THOMAS HOOKHAM SILVESTER, M.D., MEMBER OF THE COLLEGE OF PHYSICIANS, AND PHYSICIAN TO THE SOUTH LONDON DISPENSARY.

Much difference of opinion exists in regard to the treatment of phlebitis, and much remains to be known, respecting its cause, nature, and consequences; all are agreed as to its danger. It is the object of the author of the paper to describe the disease, its phenomena during life, and the pathological appearances after death, as they occurred in an isolated case. The patient, about 60 years of age, the subject of piles and large varicose veins in both extremities, received a slight wound, probably from his razor, in the upper lip, which was followed by enormous swelling of the part, but not much constitutional disturbance. At the end of fourteen days, the disease appeared to have finished its course, and the patient to be recovering; it quickly, however, reappeared in the veins on each side of the nose, and progressively extended through the numerous ramifications of the frontal and temporal vessels, which being opened by a lancet, poured forth in abundance, "laudable pus." Encrustations, something like the scabs of rupia, appeared along the track of each vessel; and when these were removed, the interior of the vein became exposed, and the healing process went on by granulation. The symptoms of the disease were, from the commencement to the termination, of a very mild character; the patient appeared to sink under exhaustion at the end of the ninth week, at a moment when pus existed only in a few of the vessels about the vertex—the process of reparation having been completed in the lip, sides of the nose, and forehead. The autopsy discovered pus in the trunks, and a fibrinous crumbling substance in the ramifications of parts of the various systems of the scalp; the minuter branches contained a little fluid blood; of which, however, there was a very small quantity in the whole body. No pus globules could be traced by the microscope. Deposits of pus were sought for in the several large organs, and in the muscles, but fruitlessly.

The question of the treatment of phlebitis in its early

stages was discussed.

Sir B. Brodie remarked that this treatment must vary with the varying circumstances and symptoms presented in each case. The disease, as in phlegmasia dolens, might from the first be atonic, and then antiphlogistic means were forbidden. It might, however, be very acute, and attended by much constitutional disturbance; the local abstraction of blood in these cases might be necessary. In a less acute form of the disease, in which the constitutional disturbance was slight, the patients usually required support.

Mr. Skey had usually found the disease to be atonic, and had known several instances of its occurrence after great losses of blood. As a general rule, bloodletting was contraindicated; in some cases, however, moderate depletion

might be of service.

Mr. DALRYMPLE detailed the particulars of a case of phlebitis, in which the disease appeared to have been protracted by the antiphlogistic treatment. The employment of sup-

porting measures had an opposite effect.

Mr. Aunort had seen cases of phlebitis occurring after great losses of blood, and in debilitated constitutions; these did not require bloodletting. Where the disease occurred in robust constitutions, he had found the application of leeches to the affected parts the most desirable plan of treatment. When the constitution was affected, no means appeared to be of any avail.

Dr. WILLIAMS thought that the lowering system of treat-

ment in phlebitis was usually injurious.

Mr. Mac Clewain contended that bloodletting in inflammation was never necessary. He had never known a case

of phlebitis recover, in which much blood had been taken from the patient.

Dr. Ashwell thought that depletion might be usually employed with benefit in cases of traumatic phlebitis. When the disease, however, depended on constitutional causes, as in phlegmasia dolens, supporting measures were always necessary.

Mr. Alcock thought that in persons of a robust habit of body, phlebitis might be treated by general depletion. In less powerful persons, leeches were advisable; but in cases attended by typhoid symptoms, support was ne-

cessary

Dr. Elliotson had usually seen phlebitis after fever and other acute diseases. It was generally of the atonic kind. The use of leeches, cold to the surface, and the employment of mercury until it affected the mouth, he had usually found to be the most effective plan of treatment.

READ, AN ACCOUNT OF TWO CASES OF IMPERFORATE HYMEN, BY SIR B. C. BRODIE, BART., F.R.S.

The author was induced to give to the society the narratives of the cases in question, not so much in consequence of anything unusual in the cases themselves, as from a wish to awaken attention to the differences between those instances of true imperforation of the hymen, and such as are usually described as belonging to the same category, but which are in reality nothing more than cases of congenital closure of the vagina, or accidental adhesions of the walls of that canal.

Dr. Merriman related two cases of imperforate vagina, both of which were relieved by operation. In one of the cases peritoneal inflammation set in, and placed the patient in much danger. In a case in which there was only a minute orifice in the hymen, capable of admitting a small probe, he had sufficiently dilated the opening by the introduction of bougies, as to enable the catamenial fluid to pass without difficulty. In a case in which he found the hymen entire during labour, the membrane was broken by

the pressure of the child's head.

Dr. Moore related a case of imperforate hymen, through which a trochar was pushed, and the opening remained sufficiently patent to allow of the passage of the catamenia. He had seen a case of agglutination of the walls of the vagina, through which an incision was made, and the patient did well. In one case of suppressed menstruation which had come to his knowledge, the vagina was consolidated for two inches from its orifice. In this case the catamenial fluid had distended the uterus and Fallopian tubes to such an extent, that one of the tubes was ruptured, and some of the fluid escaped into the abdomen.

Dr. Ashwell had seen four cases of imperforate vagina, all of which did well after operation. In cases of closure of the vagina it was sometimes difficult to keep the parts open after an operation had been resorted to. In a case of this kind, in which it had been found necessary to resort to a second operation, at the expiration of several months, the patient perished from inflammation of the peritoneum.

Sir B. Brode had seen four cases of closure of the vagina; the use of the trochar in three cases was attended by success; but in one instance there was much inflammation of the peritoneum, and in another case the patient died. In this case the abdominal cavity was found to contain catamenial fluid, which was supposed to have found its way from the uterus through the Fallopian tubes.

Dr. Elliorson related a case in which a woman had no vagina. She had been long married, and her husband had

not found anything remarkable.

ROYAL COLLEGE OF SURGEONS IN LONDON. LIST OF GENTLEMEN ADMITTED MEMBERS,

On Friday, February 5, 1841.

Robert Dendy, R. M. Smith, John Williams, Frederick Bainbridge, B. W. Micklethwait, G. H. L. Rickards, Robert Couchman, Thomas Clover Pyman, Edward Russell. This resolution, seconded by Mr. Farmer, was also unanimously adopted.

A gentleman named Walker, who bore a striking resemblance to the ancient busts of Socrates, next rose, and, in a very excellent speech, proposed, "That petitions be immediately prepared and presented to parliament, against Mr. Hawes's bill, and particularly against that clause de-priving chemists and druggists of their right to prescribe and recommend medicine in minor cases.'

Although Mr. Walker made a really excellent speech, he forgot to explain whether this right were a natural one, or mayhap one of divine origin; or whether it was analogous to the prescriptive right of peers to kill a man once only during their lifetime. However, his eloquence so wrought upon the assembly, that they unanimously expunged the words "minor cases" from the resolution, and magnanimously resolved that they had a right to practise every branch of the medical profession, both at home and abroad, to the great comfort of the public and the discomfort of their rivals, the apothecaries.

LITERARY INTELLIGENCE.

Mr. Acrox has in the press a Complete Practical Treatise of Diseases of the Genito-Urinary Organs, connected with sexual intercourse, and on certain affections of the uterus, attended with discharges. The work will be illustrated in a quarto atlas of original drawings, executed by Messrs. Beau and Perry, and coloured on stone by Hullmandel.

TO CORRESPONDENTS.

A Country Practitioner .- We cannot state where the vapour apparatus employed at Guy's Hospital is made, but we believe that one may be obtained from Mr. Weiss, which will fully answer every purpose.

e communication of Mr. Adams shall appear in our next numb

A. B .- We have already stated that it had been decided that the proceedings of the medical delegates should not be published before the termination of the conference.

ADVERTISEMENTS.

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