

to the above or not, could be devised whereby we might correctly estimate the degree of this property, it would surely be of considerable practical value. Such an instrument might be called a *plasiometer*, if the term adopted in speaking of the property in question be allowed. It might be of importance to know how this property of organic liquids was affected by disease. In a case of anasarca which was under my care, and in which I allowed the serum to drain away, free from blood, by incisions in the skin of the legs, I found the albumen was far inferior to serum albumen in the power of physalising. In this case the serum albumen with which it was compared was that of ox blood. Was the serum of this patient's blood deficient in this property, or did the exuded serum differ from that of the patient's blood? I have also found other pathological albuminous fluids in which the albumen was deficient in this property.

FALSE ANEURISM OF THE LABIUM (COMMONLY CALLED THROMBUS) FOLLOWING PARTURITION.

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THE comparative rarity of such a complication as thrombus of the labia after parturition, the meagreness of the literature on the subject, and the difficulties which beset its detection during formation, have prompted me to record a case at present in this hospital.

On the afternoon of 31st August a patient was admitted so far advanced in labour that the usual preliminaries on entrance had to be dispensed with, and the patient immediately removed to the delivery room. Four or five minutes afterwards a child was born. At this time nothing abnormal was noticed about the parts. The pulse was 58, and in due time the woman was removed to a ward and slept.

About two and a-half hours after delivery, owing to a persistent oozing of blood, I was about to make an examination when I detected a large tumour-like body occupying the position of the left labium. This, on inspection, was seen to be the left labium, swollen to an enormous degree, extending from the pubes backwards to the folds of the nates, and laterally, obscuring the orifice of the vagina and the right labium, and being continuous with the thigh on the left side. The mucous

membrane of the inner surface of the labium was greatly everted, covering half the tumour. The surface was glistening, hard, and tense, and varied greatly in colour, from a bright red blush at the pubes, to a deep purplish black in the lower parts. It was gradually enlarging. The patient had made no complaint. Nor is this to be wondered at. She was a primipara; the bruising which the parts naturally undergo had been intensified in her case, owing to the circumstances mentioned in connection with her admission to the hospital. Only on her attention being called did she become conscious of tension, swelling, and pain. We must admit, therefore, that but for the casual examination her condition would have remained undetected until, as in the majority of cases recorded, the labial wall had given way, and symptoms of exhaustion from loss of blood had set in.

Meanwhile, Drs. Miller and Foulis had arrived, and treatment was resolved upon. A free incision was made into the tissues of the labium, and upwards of two pints of blood clot were turned out. The bleeding point was, without much difficulty, found, and a ligature applied. The cavity was stuffed with lint soaked in carbolic oil, and pressure was applied by external bandage. No bleeding has since taken place, and the wound is healing rapidly without suppuration.

The difficulties which beset the early detection of such a case, no one will doubt. The woman was delivered. The agony which she had endured up till that period had passed away, and that feeling of intense relief and repose which succeeds labour had come over her. The dull aching pains, which of necessity must have remained in the region of the pelvis, were of secondary consideration to her, and were not complained of. In the majority of recorded cases, the first symptom which had arrested attention was a sudden and copious bleeding.

The treatment suggested in these cases is to wait until the clot has hardened before opening the tumour, but this is a stage which is rarely attained. It is possible that the tension of the tumour may act as a compress and arrest the active bleeding, but the dangers to the tissues constituting the wall of the tumour, by prolonged tension, are such as no thoughtful mind would lightly pass over.

The line of treatment adopted in this instance is exactly that which is usually forced upon the practitioner by rupture of the wall—namely, to clear out the clots and apply pressure.

The cause of the bleeding is not difficult to determine. The obstruction offered by a pregnant uterus to the venous flow is

usual and looked for. The downward progress of the head throws the column of venous blood into still less space. Some over dilated vessel yields. The compression exerted by the passing head, together with the sluggish condition of the circulation during the period of repose after delivery, may for a time arrest active hæmorrhage, but the gradual setting in of the reaction again opens the ruptured vessel, and the loose condition of the tissues in that particular situation affords every scope for extensive bleeding.

The application of the term thrombus to such a tumour is to my mind erroneous and misleading. Pathology has defined a thrombus, irrespective of its size, as a swelling within the vascular sheath. In this instance tension led to rupture of the wall, and extravasation of blood followed, which produced extreme tension in the loose cellular tissue so abundant in the labia. It was from considerations such as these that I have adopted another nomenclature, and preferred the term "False Aneurism," which it really is.

NOTES OF A CASE IN WHICH CHRYSOPHANIC ACID WAS ADMINISTERED INTERNALLY BY ACCIDENT.

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I AM tempted to place the following notes before the readers of the *Journal* by reason of the fact that very little is known as to the action of chrysophanic acid administered internally, except through the observations of Dr. Ashburton Thompson; but chiefly because of the severe effects which followed—effects which have not been met with in those cases in which it has been used as an internal medicament. A narrative of the case is as follows:—

During the autumn of 1879 I was consulted by Mademoiselle C——, ætat 36, about a biliary disorder, with accompanying dyspepsia, for which I prescribed a powder containing—

R. Euonymin, gr. iij.
Pul. Jalap. Co., gr. xl. M.

This prescription was dispensed in a chemist's shop in the