earthy. The blotching on the forehead is scarcely distinguishable. The tumours are as before. On examination, no sores are discovered on the pudenda; the patient says they have disappeared since her admission into the Hospital.

May 10th. The tumours are apparently diminished in size. The cutaneous eruption is certainly much less perceptible. The throat is better; the tonsils, however, are still enlarged.

May 12th to 20th. The patient's health has been somewhat disturbed. The bowels are relaxed; the appetite is bad; and she has a good deal of sickness. The countenance is flushed. The soreness of the throat is increased; but the swelling of the lip and glands is steadily decreasing, and the eruption fading rapidly away.

℞ Acidi nitrici dil. mx; decocti sarsæ ʒj. M. Fiat haustus ter die sumendus.

May 24th. She feels well again. The tumours are still decreasing; the soreness and ulceration of the throat are gone.

May 30th. Nothing now remains but a thickening of the cutaneous surface of the lip, while the glands under the chin are reduced to their natural size. The eruption has quite disappeared.

She was discharged as out-patient, to continue taking the nitric acid, as during its exhibition the tumours had so rapidly disappeared.

June 30th. All traces of the disease have now completely disappeared. She was ordered to take for a short time four grains of iodide of potassium in an ounce of decoction of sarsaparilla three times a day.

In his clinical lecture on this case, Mr. Quain made the following observations:—

This patient came into the Hospital for the purpose of undergoing an operation for the tumour in her lip; it was supposed to be a cancer. Upon inquiring into her history, I found that the enlarged glands beneath the chin had formed after the lapse of a very short time from the date of disease about it. I found, too, that the tumour of the lip had been very rapid in its growth.

In looking, moreover, carefully at the face of this patient, there was much of an unhealthy aspect—an earthy appearance of skin, with, on close observation, a slightly mottled look; all of which circumstances led me to make inquiries, which soon made it manifest that the disease of the lip was not cancer, but was part of a syphilitic complaint.

The subsequent progress of events fully justified the diagnosis as to the nature of the tumour. The patient improved under the treatment adopted and nutritious diet; the tumour of the lip became soft, and gradually diminished in size; the aspect of the patient was remarkably changed, and she gained flesh. Meanwhile, the slight cutaneous eruption entirely disappeared.

It has happened to me to observe two cases having a strong analogy with the preceding, which it would be as well to advert to briefly: one, a young man occupying the position of a porter in a public establishment, had a lump upon his lip, which was very hard, and covered still, except at the middle, which was slightly depressed, with the epithelium. There was no appearance of other disease. His health was unimpaired; there was no disease about the genital organs; and he denied having had syphilis in any form. The other case was that of a young female in a respectable walk of life. She had a tumour in the lip, indurated and slightly excoriated at the middle. She had no appearance of disease, and stated that her health had been unimpaired for a series of years. After a good deal of examination and consultation upon each of these cases, the tumours were removed. I had an opportunity of observing those cases afterwards, and I believe that in both the tumour was syphilitic; for within six weeks in one case, and a shorter time in the other, both of these persons had on their foreheads and faces, eruptions, easily recognised as belonging to secondary syphilis.

Royal College of Surgeons. The Collegiate Prize subject for 1861 is, "The Anatomy and Physiology of the Suprarenal Bodies." There are two Jacksonian Prize subjects for the present year, viz.: "The Healthy and Morbid Anatomy of the Prostate Gland;" and "A Description of the Diseased Conditions of the Knee-Joint which require Amputation of the Limb, and of those Conditions which are favourable for Excision of the Joint: with an Explanation of the Relative Advantages of both Operations, as far as can be ascertained by Cases properly authenticated."

Original Communications.

MYOSITIS AND MYALGIA: DYSPHAGIA AND PHLEGMASIA DOLENS.

By Thomas Inman, M.D., Physician to the Royal Infirmary, Liverpool.

In a previous communication on this subject, I showed that a process of inflammation, once set up in any muscle from excessive exertion, might extend to the parts in its immediate vicinity; and I gave one instance in which such extension had taken place during scarlatina from the sterno-mastoid to the pharynx. Some friendly critics have objected to this view of the case, thinking that it is more correct to consider that the muscle was affected from extension from the throat.

The following cases enable me distinctly to prove my view of the question to be correct; and they will serve as an introduction to some others, which seem to throw light upon certain cases of *phlegmasia dolens*.

Case i. Miss R., aged 35, a very delicate, but strong minded woman, complained *inter alia* of very severe *dysphagia*, which at times entirely precluded swallowing; and this, by preventing her taking nutriment, aggravated greatly her other symptoms. On making special inquiry into this symptom, I found that it was attended with soreness, pain, and stiffness of every part of the neck. I still farther ascertained that it came on after she had been driving herself about more frequently than usual in her pony carriage, whenever she had been conversing or laughing much, or after she had been bending her head forwards, as in reading a heavy book resting perpendicularly on the abdomen, when lying down. The pain in the muscles of the neck invariably came on *before* the dysphagia, and was attended by hardness of the sterno-mastoids especially. The dysphagia was attended with sore-throat, and invariably continued until she was driven to take absolute rest in bed. It then left her, *pari passu* with the cervical tenderness.

Case ii. Mary C., aged 25, suffering from great debility, after being under my care in the Infirmary for some time, considered herself sufficiently well to attend the chapel. This involved a walk down and up two long flights of stairs, and sitting upright for an hour. Next day she had very severe pain in the neck, especially in the left sterno-mastoid, which was exquisitely tender, very painful, and quite hard to the touch. At that time there was no sore-throat or dysphagia. Next day, however, she complained of sore-throat and difficulty of swallowing; and the junior house-surgeon, who examined it, told me that the fauces and pharynx were very much inflamed, but not ulcerated. By perfect rest and gentle inunction of morphia ointment, the pain, hardness, and tenderness, left the muscle in five days; the throat getting well at the same period.

Case iii occurred many years ago, and until lately was quite inexplicable to me. Miss J., aged 28, very strumous and delicate, was affected by a very peculiar cough, during the paroxysms of which all the anterior cervical muscles were seen to be quite rigid. After this had lasted some days, the whole of the neck swelled greatly, and was acutely tender and painful; and the cough was suppressed as far as possible, from the suffering it produced. The real cause of the cough was never ascertained. After the neck had been in this condition for a day or two, sore-throat and dysphagia came on, with a copious secretion of a dense ropy mucus. From a deformity of the jaw, however, no examination could be made of the fauces. In a week the difficulty of swallowing was so extreme that the patient refused all food. A second physician was now called in, and, under his influence, milk was swallowed in sufficient quantity to sustain life. Change of air was recommended; and by very slow degrees the patient got well. She has, however, been subject to frequent returns of the same class of symptoms; and, on recent occasions, I have been clearly able to trace the following sequence:—Irritable cough, long practice at the harp or piano, with singing, coupled with excessive catamenial flow or other cause of debility, produces an inflammatory condition of the sterno-mastoid; this spreads to the parts around, and ultimately to the muscles of the pharynx and the mucous membrane of the fauces. On hearing this explanation, my patient at once endorsed my views.

These cases, when coupled with the fact that myositis of the solei, gastrocnemii, etc., in patients with sea-scurvy, is always

accompanied with an inflammatory condition of the parts in their vicinity, show that muscular inflammation does implicate the parts in its vicinity.

Let us see now how far we can apply this fact to account for certain cases of "swelled leg".

I propose to show—1, that the iliacus internus and psoas magnus may be the seats of myositis; 2, that there is reason to believe that such inflammation may extend to the pelvic veins.

1. As I have only had my attention drawn to this subject very recently, my array of cases is small, and drawn from notes taken before I looked to the muscles to explain strange symptoms.

When thinking over the motions of the body produced by the muscles in question, it occurred to me that they are employed a great deal in walking, stooping, leaping, running, and also in the action that may be inferred from the next remark.

On turning to an account of colica scortorum, by Dr. Martin Hassing (reviewed in the *British and Foreign Medico-Chirurgical Review*, Jan. 1851), we find that prostitutes are liable to a form of colic (abdominal pain) which is very apt to simulate *metroperitonitis;* that the tendency to the disease is fostered by irregularities of diet, exposure to vicissitudes of temperature, and continual excitement of the genital system (*i.e.*, frequent and excessive use of the iliaci and psoæ?). It is often brought on by the continued employment of vaginal injections (which involve the full use of these muscles in assuming the posture necessary to introduce the syringe). The reviewer adds, that he has seen cases resembling colica scortorum in married ladies of hysterical temperament. The attacks seemed to have a spontaneous tendency to a favourable termination. Nothing is found in *post mortem* examinations to account for the pain.

On turning to my note-book, I find the following case:—Mary H., aged 25, a prostitute, was admitted into the Northern Hospital with symptoms resembling peritonitis. She had a good deal of feverishness, with rapid pulse and breathing; but the tongue was clean and the bowels comfortable. The abdomen was everywhere acutely painful, but tolerant of steady pressure; and the left groin was swelled, and so exquisitely tender that she could not bear it to be touched. She lay with both legs flexed on the abdomen, and could not move them without pain. The woman was pale, sallow, and delicate looking, and, like most of her class, had been addicted to drinking. I felt completely puzzled by the case, for circumstances equally prohibited the idea of pure hysteria or of peritonitis. I ordered warm fomentations, an opiate thrice daily, and good diet. In about a week, the abdominal pain disappeared, leaving, however, the swelling in the left iliac fossa, which I now concluded to be in connexion with the ovary. In seven days more, however, this had disappeared, but too slowly to conclude that an abscess had burst; and, in a few days afterwards, the woman went out quite well. I remember the case very perfectly, and now entertain no doubt it was one of abdominal myalgia, with myositis of the iliacus. I made special inquiry as to whether it could be attributed to any violence, but was assured that none had happened.

I have met with one case in which a patient was treated for ovaritis, but which was clearly due to standing too long over the wash-tub. The details were much the same as in the preceding case.

I have met with others in which peritonitis and ovaritis have been considered as present after racing, washing, mangling.

On turning to the article "Ovaria," in Dr. Copland's *Dictionary*, I find a case recorded as "ovaritis" in which it seems more philosophical to conclude that there was myalgia and myositis of the pelvic muscles from the lady travelling when not strong, rather than rheumatism from sleeping in a damp bed.*

These considerations are sufficient to suggest—I will not say to prove—that the iliaci and psoæ are liable to myositis, and that such affections have sometimes been mistaken for inflammation of the ovaries or other deep-seated parts in the pelvis.

2. Assuming that these muscles may be affected from the same causes and in the same way as others, we next inquire how this bears upon phlegmasia dolens.

We premise (*a*) that swelled leg is due to "obstruction" of certain pelvic veins; (*b*) that that obstruction commonly arises from extension of some inflammatory process from the uterus, ovaries, bladder, bowels, vagina, or rectum; (*c*) that it occurs, occasionally, in individuals who have nothing wrong with any of these organs; (*d*) that it is right to assume that the pelvic veins *per se* have no greater tendency to obstruction (from inflammation or other cause) than veins elsewhere; (*e*) that when there are signs of obstruction of the veins and no signs of inflammation of any of the organs before alluded to, it is philosophical to assume that they have been implicated by inflammation of some other intrapelvic organ than those already described (such organ, we may presume, is the iliacus); (*f*) that it is quite as rational to assume that the obstruction of the veins may have originated from a voluntary muscle (the iliacus) as from an involuntary muscle (the uterus).

These premises being granted, we say—If it can be shown that swelled leg comes on after (proportionally to the strength) excessive use of the iliaci, etc., and without any signs of inflammation of other intrapelvic organs, we may fairly attribute it to muscular inflammation extending to the veins.

Before going into our own cases, we turn to authorities, and we find that when phlegmasia dolens occurs without signs of inflammation, etc., of the uterus, bladder, etc., it follows after walking or other exercise has been taken—*e. g.*, washing, mangling, scouring, etc. So far, there is *primâ facie* ground for us to go on. The next two cases, both of recent date, confirm this.

The Rev. Mr. C., aged 45, had an attack of low fever, from which he slowly recovered. When convalescent from this, and after a long period passed in the house, though still languid, he was strongly recommended to take exercise in the open air. As long as he rode out, he had nothing to complain of; but the first time that he took a comparatively long walk, he was attacked with pain in the right calf, followed by "swelled leg" and pain in the right iliac fossa, with inability to keep the limb extended. The skin was brownish red, instead of the ordinary white, waxy colour. There was tenderness over the groin, increased by deep pressure, and the thigh was kept flexed on the abdomen. There was much pain in the lower extremity; but no fever. Rest in bed, for a month, completely removed all the symptoms, without any special treatment. There were no signs throughout of any affection of the kidneys, intestines, or bladder, and the dependence of the complaint upon the walking exercise seemed well marked.

Ann C., 29, unmarried, a very sallow, weak-looking woman, came into the Liverpool Royal Infirmary with general weakness, and swelling of the left leg. She was a charwoman, and had recently been occupied for some days in scouring the floors of large schoolrooms. After her last day's work, she had had feverishness, with intense pain, in the lower part of the abdomen, which prevented her sleeping; and this was followed next day by swelled leg. As this did not at once subside, she came into hospital. At that time, I did not recognise what the nature of the swelling had been, and thought the case simply one of myalgia of the leg, etc. A few days after her admission, however, she complained of tenderness in the right calf, and in the right groin, and was unable to straighten the limb, which was kept flexed upon the abdomen, and I ascertained that the right lower extremity was in a state of phlegmasia dolens. She now assured me that the other had been precisely similarly affected. No special treatment was adopted, beyond rest and opiates. The swelling subsided in three weeks, and the patient, who is slowly recovering her strength, will soon be fit to go out.

In this case, there had been no previous uterine, vesical, or rectal disease, and no typhus, nor was there any evidence of such disease during the swelling. The cause seemed unquestionably to be overexertion of the iliacus and psoas in the action of scouring, etc., involving long reaching, and recovery of the body to the old position, moving the knees along the floor, etc. In this, as in the last case, it is rational to suppose that there was—1, myositis; 2, extension of the inflammatory process to the veins; 3, resolution of the disease in both parts, and consequent recovery.

If in these cases the obstruction of the veins were idiopathic venous inflammation, we can scarcely suppose that recovery could take place so soon, and we are driven to conclude that the circulation through the veins was impeded by pressure from without, rather than by obliteration of their calibre from internal effusion.

* It has often occurred to me, since I have been studying muscular affections, that very many cases of so called acute rheumatism attributed to sleeping in a damp bed while travelling, are in reality cases of general myalgia produced by the fatigues of the journey. I have been trying to accumulate evidence to prove this: but in the absence of distinct descriptions—1, of the day's journey; 2, of the absolute condition of the bed; 3, of the patient's previous condition, etc.; 4, of the nature of the symptoms, etc.—I cannot as yet establish the point.