

## INFANTILE PHLEBITIS OF UMBILICAL VEIN, WITH PURULENT DEPOSITS.

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HAVING seen the case of Phlebitis of the Umbilical Vein published in the May number of the LONDON JOURNAL OF MEDICINE, I think it may not be uninteresting to report another case of this comparatively rare disease, occurring about the same time; and to contrast them with one another.

Dr. Herapath has the credit of diagnosing the disease during life; which I did not do, having never met with a case of the kind before.

On comparing them together, many points of similarity present themselves, sufficient to mark the diseases as identical; while some of the most usual features, as laid down by authors, were absent in mine.

The notes of the *post-mortem* appearances were taken at the time, by my friend and colleague, Mr. Grimsdale, who assisted me, and who took much interest in the case.

**CASE.** An infant was born on 20th January, 1852, in the Liverpool Lying-in Hospital. Its mother (said to be eight and a half months pregnant) was brought in with puerperal convulsions, twenty-four hours before delivery. The child was puny, and never appeared to thrive. The funis separated on the fifth day, leaving the umbilicus perfectly healed. This was noticed at the time by the nurse.

The first symptom that attracted any attention, was some derangement of the bowels on the eighth or ninth day; stools mixed green and yellow; with griping. The child whined much, and seemed uneasy. A carminative alkaline mixture was prescribed. On the twelfth day (just seven days after the separation of the funis), a red, inflamed fluctuating tumour, which gave the child much pain on handling, was perceived on the back of the left hand; and on the following (thirteenth) day, a similar tumour appeared on the other. Subsequently, a pale ill-defined swelling, about the size of an almond, formed on the right inner ankle. These had the wet flannel bandage applied; and they continued very much in the same state till the child died, on the eighteenth day.

It is to be remarked, that this child was naturally of a dark and rather sallow complexion, which it inherited from its mother; was never jaundiced; had no vomiting; and sucked greedily what little milk its mother had for it, till within twenty-four hours of its death.

On a *post-mortem* examination, the following appearances were noted. On opening the abdomen, the peritoneum, and indeed all the viscera, appeared healthy; but on slitting open the umbilical vein, which readily admitted an ordinary-sized silver blowpipe, it was found to contain thick, curdy, yellow pus; but its lining membrane was pale, and exhibited no sign of inflammation: and on tracing it up to the transverse fissure of the liver, where it seemed dilated, a considerable quantity of healthy looking pus was found, which extended along the ductus venosus, but

could be traced no further, there being none in the vessels of the liver, nor any appearance of purulent deposit or infiltration in that organ. The gall-bladder was much enlarged, being two inches in length, and as thick as a man's thumb, looking very like a portion of intestine filled with air. The coats were very thin; and on being cut into, a quantity of fluid escaped, of a golden yellow colour, transparent, and viscid, very similar in appearance to the syrup of orange marmalade. The heart was healthy, the cavities empty; there was no pus in them. *The foramen ovale was closed.* The thymus gland was healthy, but rather small. The lungs were for the most part healthy, with the exception of a few patches of a dark colour, which could with difficulty be inflated: these were probably the commencement of disease in the organ, and, had the child lived long enough, would have ended in purulent deposit. There was no pus in any other organ or joint, with the exception of the three tumours above mentioned, one of which appeared in a cyst, probably a synovial bursa.

**REMARKS.** The points of similarity in these cases, are in the date of the attack (eighth or ninth day), with similar derangement of the bowels; the purulent deposits making their appearance on the twelfth and fourteenth days; attacking the joints on the hands and fingers in pairs; and the duration of the disease, the children dying on the sixteenth and eighteenth days; as well as the previous condition of the umbilical vein, containing curdy pus, patches of carnification in the lungs, but no pus in them or in the liver.

They differed in Dr. Herapath's case having jaundice, vomiting, and erysipelas; with a greater amount of purulent deposit, pus in the vena porta, and heart *with a patent foramen ovale.*

Like Dr. Herapath, I was much surprised at not finding any purulent deposit in the liver; as I had not then seen Dr. Hasse's allusion to the ten cases on record of this rare disease, in his *Pathological Anatomy*, where he gives the symptoms as "jaundice, vomiting, and erysipelatous inflammation surrounding the umbilicus"; in all of which the same fact has been noticed, no pus being found in the liver in any of them. I have not had an opportunity of referring to the reports of those cases, and consequently do not know to what extent purulent matter was found, nor the state of the foramen ovale.

While I confess that I am unable to give any satisfactory explanation of this absence of disease in the liver, I cannot think that Dr. Herapath's solution of the question is the correct one. He says, speaking of the foramen ovale, "had this aperture been closed, the intensity of the disease would have been shown in the lungs and liver, without doubt," etc.; and that its open condition "cleared up all difficulties". Now, here was a case, occurring about the same time, *with the foramen closed*, as was particularly noticed at the time by Mr. Grimsdale.

We must suppose the liver to be affected, either by the continuity of the hepatic branches of the umbilical vein, and the inflammation or pus gradually spreading along them, as along the ductus venosus; or, supposing those branches to have been closed and impervious at an earlier date (which I believe they are) than the umbilical vein itself, and *then* inflammation to have taken place, the only other road for pus to find its way to the organ, would be through the general circulation. The liver would be expected to take its share with other parts affected,

such as the lungs, joints, etc. And that the general circulation was so tainted may be inferred, both in Dr. Herapath's case and mine, from the carnification of the lungs, and the many purulent deposits in distant parts.

Perhaps the liver, playing such an important part as a depurating organ in early infantile and foetal life, may be the cause of this exemption; or, can it be, that this disease, like some others, affects the body differently at different periods of life?

I may mention that, just at the same period, several of the children born in the hospital were attacked with erysipelas; and subsequently, we had one mother with puerperal phlebitis, which proved fatal: and the connexion between the disease in the children and the phlebitis was considered so marked, that it was deemed necessary to close the institution for several weeks.

I have no remarks to offer on the treatment. Dr. Herapath's plan was certainly more in accordance with a correct diagnosis than mine; but I fear that, when the disease has advanced to purulent deposition, all treatment will prove unavailing.

Liverpool, June 1852.

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#### BIBLIOGRAPHICAL RECORD.

**PATHOLOGY OF THE HUMAN EYE.** By JOHN DALRYMPLE, F.R.S. Fasciculus IX, (completing the work). London: 1852.

It has seldom fallen to our lot to undertake a more touching duty than that which we are now called to perform. A work reflecting credit on the profession has been brought to a successful conclusion; but it is wreathed with cypress, in place of being crowned with laurel. He by whose talent, whose skill, and whose industry, great results have been attained, is alike deaf to censure or to praise. The earthly tenement is in the tomb; but the immortal spirit is, we humbly hope, in those realms where the weary are at rest,—in those glorious mansions of immortality, where the good receive the reward of their faith and works.

Under such circumstances, a reviewer would be disposed to deal gently with a book, whatever its demerits; and in the present instance, we might mistrust our own impartiality, for, alas! he that is gone was our own familiar friend. But the progress of the work, from the commencement, has been a continued triumph; and its concluding number has, if possible, exceeded in beauty and fidelity all that have preceded it.

It is singular that neither the originator nor the completer of this publication should have witnessed its final success. The late John Scott had brought together a valuable collection of sketches, with the intention of publishing a work on the pathology of the eye. His failing health prevented this; and at his death, he bequeathed to his friend and colleague, JOHN DALRYMPLE, his collection of drawings, knowing his ability to execute this favourite project. How well the trust has been fulfilled, the work before us shows.

Ophthalmic practice has remarkably participated in the change which the practice of medicine generally has undergone, within the last five and twenty