

A month later I was surprised to learn that a few days after my last visit the lady had been seized with some trouble in the abdomen, and through the influence of an officious relative had been suddenly removed out of the city, and put under the care of an irregular practitioner. What this affection was, and whether it had any relation to her accouchement, I was unable to learn.

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## EMBOLISM OF LEFT FEMORAL ARTERY CONSEQUENT ON VALVULAR HEART DISEASE; DEATH.

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Mrs. R., aged forty-seven, had been since 1870 under my care for valvular heart disease. There were symptoms of both aortic and mitral insufficiency, and the case was so diagnosticated by me in 1870, Dr. F. I. Knight, of Boston, concurring. The leading features of the case were frequent attacks of pain over the heart, palpitation, and dyspnoea; these were at times most distressing. In 1878 she had pneumonia of right lung, with persistent cough, orthopnoea, and prostration. To the surprise of everybody she recovered from this illness, a troublesome cough remaining. Mrs. R. was always weak and anæmic, although her naturally energetic disposition kept her almost constantly at work. There was never any anasarca.

February 22, 1879, nine o'clock, A. M. Mrs. R. was suddenly seized with a violent pain in left lower extremity, which sometimes took the form of cramp of the muscles of the calf, sometimes was like a burning sensation in the foot. Associated with this pain there were coldness and numbness, — *anesthésie douloureuse*. Above the knee the natural sensibility and warmth were retained. Veins of foot and leg were distended, and there was stasis. *There was no pulse in left popliteal, nor was any pulse discoverable in any artery of the member supplied by that vessel.* Pulsation in the femoral at the base of Scarpa's triangle could be felt, but at no other part of its course. The circulation of the right lower extremity was normal.

Diagnosis. Embolism of femoral or popliteal. The clot had evidently been washed out of the left ventricle; it might have been formed during the transit of blood over a roughened aortic orifice.

Treatment. Whatever could make the patient most comfortable, a fatal issue being foreseen. The limb was wrapped in warm flannels; these, assiduously renewed, brought back heat.

The heart's action was weak, rapid, and tumultuous, as if that organ were becoming paralyzed from shock. It was a condition of *asystolie*. Tincture of digitalis in ten-drop doses every hour, in a tablespoonful of

brandy. Gilman's chlorodyne in teaspoonful doses every half hour for pain.<sup>1</sup> Two o'clock, P. M. A little abatement of pain. Pulse has improved somewhat under digitalis. There are two large patches of gangrened integument, of dark brown color and parchment feel, six or eight inches square, on the front and lateral aspect of the left leg; there is also a dark, "mummified" patch as large as the palm on the dorsum of the foot. The integument of the entire leg and foot is of purplish color, mottled here and there with streaks of livid extravasation, and for some distance above the knee punctiform petechiæ are abundant. Six P. M. Pain has been relieved by the chlorodyne. Brandy and milk have been freely given. Tincture of digitalis in fifteen-drop doses every two hours.

February 23d. A very feeble attempt at collateral circulation; the whole limb threatens to become gangrenous. Mrs. R. has slept a few hours. Pulse 100, weak and compressible; it is sudden and jerky, without any prolonged swell of the artery. There is a soft murmur, heard at base and apex, with both sounds of the heart. Complexion purplish and sallow; veins everywhere distended and prominent; pulsation of right jugular well marked.

February 24th, nine o'clock, A. M. Mrs. R. has vomited at intervals all night; medicine and nourishment have been necessarily suspended. Patient is prostrate, and apparently sinking. Digitalis, in twenty-drop doses of the tincture, caused her to rally somewhat, but at ten P. M. she died.

An autopsy was performed the next day, Drs. Howe, Healey, and Hurd being present. Only the thorax and abdomen were examined. Abdominal organs were healthy, with the exception of the liver, which was hyperæmic and hypertrophied; from incisions made with the scalpel venous blood flowed freely. Gall-bladder greatly distended. Heart enlarged and encroaching on left lung; pericardium full of fluid. Right side of heart hypertrophied and dilated; no valvular lesions. A firm and partly organized clot was attached to the muscoli pectinati; it extended into the infundibulum of right ventricle. Left auricle was enormously enlarged, and the four pulmonary veins entering it looked like huge aneurismal pouches. Section of the auricle disclosed hypertrophy and dilatation; the mitral valve was contracted to a mere chink, firm and resisting, which the index finger could hardly be made to enter. This, when the ventricle was opened, was found to be due to agglutination of the segments of the valve by old inflammatory deposits, and to subsequent contraction and induration. The sigmoid valves of the aorta were rigid and indurated, opposing obstruction to the efflux of blood. Their incompetence to prevent regurgitation was shown by the usual test of

<sup>1</sup> For the formula of Gilman's chlorodyne I am indebted to a former number of the JOURNAL.

pouring water into the aorta. There was also thickening and dilatation of left ventricle, and general pulmonary congestion.

In this patient we had aortic constrictive, aortic regurgitant, mitral constrictive, mitral regurgitant, lesions, and a striking example of how much serious heart disease may be tolerated for a series of years, with a fair degree of general health and comfort, and ability to perform the ordinary duties of life.

Embolism of large arteries of the extremities in heart disease is generally if not always fatal, the patient dying from shock, or from inability of the heart to establish a sufficient collateral circulation.

The good effects of full doses of digitalis in this case were very manifest, and there is probably no other remedy that would have proved equally efficient.

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## ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

THE usual initial meeting of the Massachusetts Medical Society was preceded during the forenoon by medical visits of the Fellows, and surgical operations before them at the hospitals. At the Massachusetts General Hospital Dr. H. J. Bigelow performed his operation for litholapaxy; Dr. C. B. Porter excised a parotid gland and exhibited surgical cases, among which was one of extrophy of the bladder, in which Dr. Porter had performed a successful plastic operation.

At the City Hospital, Dr. Thorndike amputated a breast, Dr. H. W. Williams operated for cataract, and Dr. Ingalls removed a fatty tumor and operated on a case of necrosis.

At Carney Hospital, Dr. Arthur Cabot applied Sayre's plaster jacket for the benefit of one of the Fellows.

During the afternoon of this day the Warren Museum at the Medical College, the Warren Museum of Natural History on Chestnut Street, Children's Hospital, and Museum of Natural History Society were visited by the Fellows.

The initial meeting was called to order promptly at twelve o'clock, in Horticultural Hall, on Tuesday, June 10th, by the president, Dr. George H. Lyman, who at once introduced the readers of papers, namely, Dr. Rollin C. Ward, of Northfield, who read an essay on *The Physician's True Position in Society*; Dr. James B. Ayer, of Boston, whose subject was *Cases of Insanity following Acute Diseases*; and Dr. George K. Sabine, of Brookline, whose paper was entitled *Intestinal Catarrh of Infants*.

In our report of the last annual meeting of the society the criticism was made that not one word of discussion was elicited by the papers then read. On this occasion, however, the president called upon the Fellows by name and asked for remarks. The result was a most interesting discussion upon the very excellent papers of Drs. Ayer and Sabine, in which many gentlemen took part. We trust the precedent thus established by Dr. Lyman may be