

The diet consisted of eggs, milk, beef tea, oysters and a quantity of fresh fruit, such as grapes, oranges and apples.

The precise cause of the gangrene in this case is somewhat obscure. Dr. Howard examined the heart early in the disease and was unable to detect any organic lesion. It was noticed that there was no arterial pulsation discoverable in the affected limb, even in the femoral at its upper part, whilst the pulsation in the artery of the opposite side was quite apparent. It was also remarked that the pulse in the right arm was extremely weak, being scarcely perceptible—a mere tremor—in the radial at the wrist.

Shortly before the operation, pulsation of the right femoral could be traced for two or three inches below Poupart's ligament—probably at the point at which the profunda is given off.

Dr. Craik who kindly saw the case with me on several occasions, noted these peculiarities. The circulation in the stump at the time of the operation seemed to be sufficiently active. The larger vessels were tied before the removal of Esmarch's elastic band, but on its removal two small branches situated in the posterior flap spouted vigorously.

Dry gangrene has been met with as a result of constitutional adhesive arteritis terminating in occlusion of the vessel at the site of inflammation or at a considerable distance from it, by the washing away by the blood of the fibrinous formations and their impaction in smaller branches—embolism. The arteries most liable to this form of inflammation are, it is said, the iliac and the axillary.

It is possible that the gangrene in the case under consideration was occasioned by the obstruction of the femoral artery to a greater or less extent by a fibrinous plug or fragments, originating in some part of the course of the iliac.

This case was reported and discussed at the last meeting of the Medico-Chirurgical Society.

MONTREAL, April 6th, 1874.