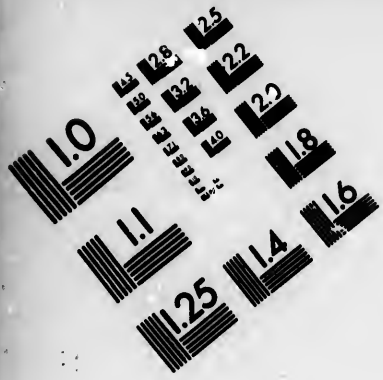

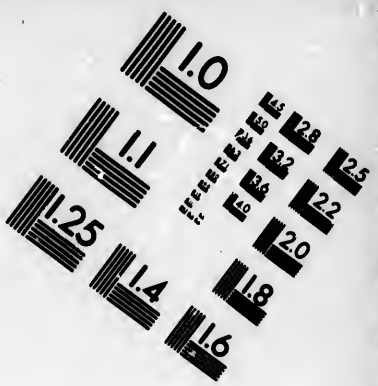

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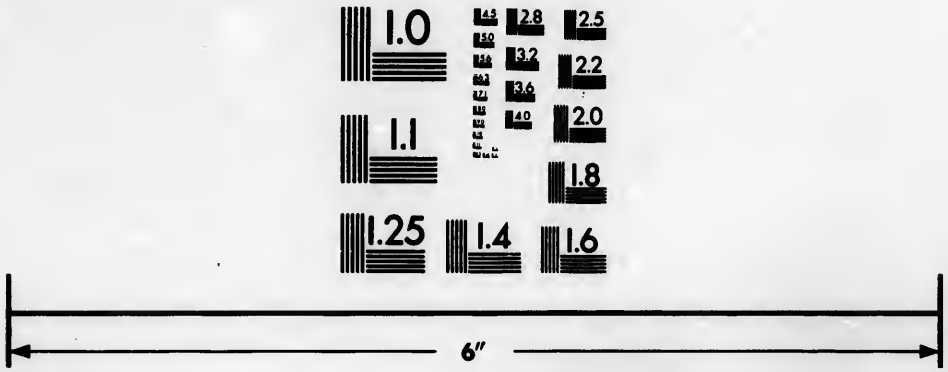

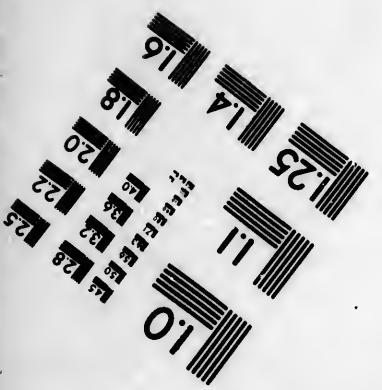

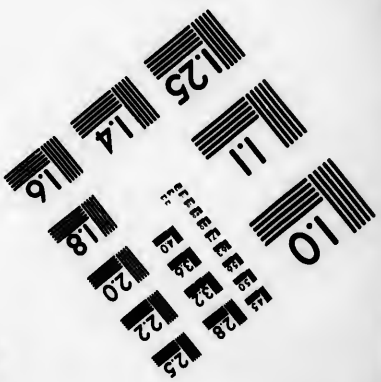

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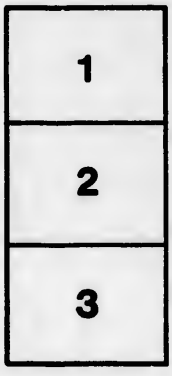

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Ford, W. W.

[Reprinted from THE PHILADELPHIA MEDICAL JOURNAL, November 17, 1900.

VENOUS THROMBOSIS IN HEART-DISEASE.[1]

BY WILLIAM W. FORD, M.D.,
of Montreal, Can.,
Fellow in Pathology, McGill University, Montreal.
(From the Pathological Laboratory of the Royal Victoria Hospital).

WELCH, in his recent paper on venous thrombosis in heart-disease, read before the Association of American Physicians in Washington, has called attention to this complication in cardiac disorders. In his paper he has given abstracts of all of the cases which he could find recorded in the literature. He states, moreover, that he considers the thrombus to be microbic in origin, and has referred briefly to a number of cultures which have been taken from thrombi in the pathological laboratory of the Johns Hopkins Hospital.

The following case, which occurred in the wards of the Royal Victoria Hospital, represents this condition, but unfortunately no cultures were taken from the thrombus at autopsy :

D. Bonnar, aged 56, blacksmith, was admitted to the hospital December 18, 1899, and died February 18, 1900, under the charge of Prof. Stewart. The patient gave a history of acute rheumatism when a young man, involving ankles and wrists and knees, and 12 years ago an attack of pleurisy with lumbago and phlebitis. For the past two months has had increasing dyspnea, anorexia and edema of the legs, attacks similar to which he has had since onset of his first trouble.

On admission the patient was in labored respiration, quite cyanotic, pulse irregular in volume and rhythm; heart-dulness increased with definite signs of mitral insufficiency; numerous moist rales throughout chest. Five days after admission a hard, tender mass about the size of a half-dollar was felt about the saphenous opening on the right side of the right thigh, and extending from this point round to the inner side of the thigh was felt a small tense vessel. There was, as well, a tender point felt in the popliteal space along its inner side to about the middle of the calf, where there was decided tenderness and pain on pressure.

[1] Read before the Montreal Medico-Chirurgical Society, May 25, 1900.

The symptoms of cardiac insufficiency increased, the pulse became very weak and irregular; patient suffered from great dyspnea and was at times delirious. On January 10, 34 ounces of clear, straw-colored fluid were removed from the right pleural cavity. The cardiac dulness, however, continued to enlarge, the heart showed signs of muscular breakdown; there was marked edema of the legs and blood-stained expectoration.

At autopsy, performed by Dr Adami, there was 1,600 cc. blood-stained fluid in the right pleural cavity, general anasarca and edema of the extremities. The heart was found to be very much enlarged, pericardial cavity contained 100 cc. of clear, straw-colored fluid. The mitral valve was contracted, its edges markedly thickened without calcification of mitral ring. The mitral orifice showed a slit-like opening about 2.5 cm. in diameter. The left ventricle was greatly enlarged. In the lungs on the right side the lower middle lobes were converted into an enormous infarct, the right pulmonary artery being blocked by an embolus, which with the succeeding thrombus entirely shut off the circulation from this part of the lung. Abdomen and abdominal organs normal. The right common iliac vein showed an old organized thrombus throughout its whole extent, surrounded by numerous bands of adhesions, the lower end of the vein gradually tapering down until it became a small, thin strand of fibrous tissue. At the junction of the femoral and the internal saphenous veins the vessel was completely blocked and showed a very recent thrombus filling in that portion of the lumen not already occupied by the old organized mass. At the saphenous opening the saphenous vein showed a sudden fusiform enlargement, the external diameter at this point being 15 mm. About this thickening there was considerable fibrinous periphlebitis, the main veins and branches were completely obliterated by thrombi, firm, and apparently of some standing, but still red in color. The internal femoral cutaneous veins as well were completely thrombosed, rigid and firm, standing out like hard cords.