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January 29, 1932.

Dear George:

I am sorry to have to write you of Heber Howe's death but I know how close a friend he was and am sure that you will want to hear what I can tell you.

The cause of his death was coronary thrombosis. I first saw him the evening of January 26th. He said that he had been in excellent health, better than in years, since the Christmas vacation. The day before I saw him, he had had to expel a boy from school and his interview with the boy and later with his parents had been a very painful experience with him. The next day, he woke up feeling, he said, perfectly well, but about the middle of the morning noticed considerable numbness and tingling of both forearms and hands. By one o'clock, this had become severe enough so that he asked Dr. Barstow, who was at the school looking after one of the boys, what was the matter.

Dr. Barstow took his blood pressure and found it 220/130. He advised him to be very quiet, but I am afraid the advice had not been thoroughly followed; it probably would have made no difference anyway.

About four o'clock, Howe was suddenly taken with a severe knife-like pain through the chest and radiating down both arms. Barstow was called immediately; found his blood pressure the same, his pulse 100, and his color grayish. He was perspiring profusely and in severe pain. I arrived within an hour; confirmed Barstow's findings; could demonstrate no enlargement of the heart but found the sounds rather faint. His blood pressure was still high, 210/130. There was nothing in the chest or abdomen to account for the pain.

Howe told me that he had had a very alarming reaction from morphia, years ago, and you had instructed him to tell any doctor who saw him in pain not to use it. Therefore, I had to try various things before we got the pain controlled and he spent a rather restless night, none of my attempts being very successful in quieting the pain.

The next morning, his blood pressure had fallen to 150/90, the level at which I had found it the last few times he came to my office to be checked up. The pain was better but not altogether gone. His pulse was 94; his white count 20,800; his lungs were clear and his abdomen negative. He had had one or two

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attacks of vomiting.

I asked Paul White to see him with me. He confirmed the diagnosis and felt that the outlook was as favorable as possible under the circumstances, and that he should come through.

That afternoon, the pain stopped, whether because of the effect of some sodium amitol that I gave him or because it was ready to stop anyway, I do not know.

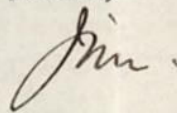
Yesterday morning, he seemed distinctly better. He had had a pretty good night's sleep, was in no pain, and asked for some breakfast and had taken tea and toast; and inquired, when I saw him, whether he could get up the next day. About an hour later, the nurse was rubbing his back and he spoke to her of how comforting it was, gasped once and died.

We did not get an autopsy so I do not know what the final event was. It seems too early for the heart to have ruptured, and I am inclined to think that there was either a second thrombosis blocking the remaining coronary branch; or that a bit of the original thrombus became loosened, was carried to the brain, and lodged in the respiratory center.

I cannot see where we missed doing anything that might have changed the outcome. White thought the rise in blood pressure was a compensatory attempt to keep the coronary circulation going. If so, venesection, when he had the premonitory tingling would, of course, have done no good. I cannot help wondering whether the rise in blood pressure was due to the emotional strain he had been through the day before, but this is of course merely one of those theoretical considerations that come to plague us when we lose the patient.

I know you will miss him enormously and I, myself, feel a sense of personal loss, for I had come to admire him greatly for what he had done for my son. If, however, the attack had left him unable to carry on his work with his boys, I think he would have preferred things to have happened as they did.

Always sincerely yours,



CHL/LK