to precipitate it into a clot. Anything, which brings on this cessation of the heart's action, will be sufficient to produce it. But of all nothing is so likely to induce it as raising the patient into an upright posture, not necessarily on the feet, but to such an extent, that the vessels of the brain lose their tension, by the gravitation of the blood to a lower part of the body. With the loss of nervous power at the centre of vitality the action of the heart stops enough to complete the mischief, and the deed is done. For the sake of more definitely fixing the diagnosis of this affection, the following cases, taken from Prof. Meigs, are here appended.

"A lady was confined, and with a natural labour, giving birth to a healthy child at term. She had lost a good deal of blood with the expulsion of the placenta, which left her weak and pallid. The physician directed her to be kept quiet, so that she had a good day and following night. On the following morning the physician found her in all respects as well as could be wished. Very soon after he had withdrawn from her chamber, she became alarmingly ill, and he was sent for and returned, having been absent about one hour. The pulse was now extremely frequent, weak, and small, and it continued so until her death, which took place on the eighteenth or nineteenth day. It was upon the eighteenth day that I was invited to the consultation, and at once formed the opinion that she had a heart-clot as the cause of all her dreadful symptoms, and which acting as a tampon of the heart deranged the circulation, respiration and innervations of the dying lady. After her decease which occurred the next morning, a white fibrinous coagulum was found in the right auricle, nearly filling it and projecting through the tricuspid valve into the right ventricle, the tail of the clot whipped into cords by the threshing action of the chordæ tendineæ of the ventricle. The pleura of the right cavity contained a large quantity of serum.

When the physician left his patient's chamber on the morning of the attack, she was well enough; when he returned after an absence of only one hour he found her alarmingly ill. She had lost blood in the labour. He had no sooner gone than the nurse took her up, and sat her upon a vessel in the bed to pass the urine. She fainted; the blood coagaluted in her heart. She did not die outright, but carried on an imperfect circulation outside of the clot, and betwixt it and the walls of the heart. The red matter of the blood was gradually squeezed out from the clot, and hurried into the pulmonary artery, together with the numerous fragments of the remaining mass of immovable fibrine. Such concrete elements of the blood could not possibly pass through the pulmonic capillaries, whence there arose pulmonary obstructions, pneumonia, pleuritis and hydrothorax as the last consequences of the heart-clot. So she died about the nineteenth day.

"Towards the end of the year 1848, a primipara gave birth to her child. She was a tall slender and very delicate woman. The placenta was not removed. She lost a good deal of blood; probably, a large quantity. Between forty and fifty hours after the birth of the child, I was called in and removed the placenta from the grasp of the cervix which alone detained it. It was so putrid, that the stench of it could not be removed from my hand by any means that I could employ for full twenty-four hours. She was pale and her pulse was somewhat frequent but not enough so to annoy me. The next day I found her *comfortable*; the milk had come, and she was doing well, though very pale. On the seventh day, she was put into a chair and set before the fire. Immediately she felt sick, was put to bed very ill, and I, being hastily called, told her friends that she had formed a heart-clot, because she had been imprudently taken out of bed, set up, and thus made to faint. In that fainting fit the blood lost the vital induction, and coagulated as it died. She died, as any woman may be expected to do, who is so treated, under such circumstances of debility and exhaustion.

How important, then, that the period succeeding labour, should be watched with the utmost vigilance—so as to prevent those *performances* which nurses, and patients themselves even often insist on, against the most direct and positive commands of the attending physician—restraints which they attribute to dogmatism and old bettyism, and which