that time it has always been more or less before us, and now we are once more bringing the matter forward. Even if it takes two years more to bring the matter to perfection it will be time well spent.

EMBOLISM GF THE HEART.

H. M. LITTLE, M.D., presented this specimen before the Society and gave the following history of the case. Woman, aged 26, entered the Maternity Hospital about 34 to 36 weeks pregnant, October 9th. She had had three hæmorrhages, September 5th, October 2nd, and 9th. She was in the hospital from October 9th, to the 16th, when she had the fourth very severe hæmorrhage. She was very pale. The rate of the child's heart rose to 170, and on this account it was decided to The cervix was dilated manually, and a living child exdeliver her. tracted. The patient apparently made a fair recovery; the temperature, after a slight elevation on the 2nd, 3rd, and 4th, days, came down to normal on the 5th, and 6th, remaining so until her decease on the 10th, day. The pulse however was more rapid than normal, and on the third and fourth day she complained of some headache. On the morning of the 10th day examination showed the uterus to be in good condition, and she was told she might get up that afternoon. On attempting to get up she suddenly became cyanosed and gasped for breath. Stimulants were given at once, and she rallied; but within five minutes she had another scizure, and died almost instantly, the heart stopping absolutely though there were a couple of spasmodic attempts at respiration. About six hours afterwards Dr. Klotz performed an autopsy and

About six hours afterwards Dr. Klotz performed an autopsy and found in the heart two emboli about the size of the little finger. These had passed from the inferior vena cava into the right auricle down to the ventricle, and were blocked just at the entrance to the pulmonary artery which was absolutely occluded. The distal end of the embolus corresponded to the proximal end of the thrombosis in one of the uterine veins in one of the iliacs on the left side of the pelvis, which in turn was continuous with the thrombi at the placental site.

According to von Herff in von Winckel's Handbuch, the most recent contribution to the subject of puerperal thrombosis, about 2 percent. of all patients show evidence of thrombosis in the puerperium; 3 percent. have pulmonary embolism. It is the second most frequent cause of death in the puerperium in Basel where .05 percent. of all puerperal women die of pulmonary embolism. Von Herff believes that not all thrombi are of infective origin and used the doubtful argument that the organisms most frequently found where infection develops, viz: the streptococcus and the gonococcus, are rarely noted in these thrombi, and that the so-called saprophytes are the most frequent offenders where bacteria