

subject of thrombosis and embolism says: "Although thrombosis is not a common complication of chlorosis, it is sufficiently frequent to indicate a special tendency to its occurrence in this disease." Playfair strongly advocates the theory that primary thrombosis of the pulmonary artery may occur, and in support of this view, he points out that the anatomical peculiarity of the pulmonary artery is a predisposing cause; also in puerperal cases that the blood in the later months of pregnancy is peculiarly rich in fibrin, and thus predisposed to the formation of coagula. Welch, in the treatise already referred to, says: "I also believe that primary thrombosis of the pulmonary artery is more frequent than is usually represented in the text-books," and Dr. Newton Pitt says that "thrombosis of the pulmonary artery is far from being rare, possibly occurring more frequently than any other vein or artery in the body." Many times only a small branch is occluded without any apparent symptom; it is only when a large-sized vessel is plugged that symptoms occur. Sir Jos. Fayrer is also a strong advocate of the thrombotic theory. He cites sixteen cases of death due to thrombosis in all of which post-mortems were held, and lays particular stress on the depraved condition of blood in malarial and splenic cachexia as a predisposing cause. Emboli in puerperal cases are generally derived from thrombosis in the veins of the lower extremities, or from the veins of the pelvis immediately surrounding the uterus; that thrombi in these veins following labor is practically always of septic origin is I think an established fact, so that in dealing with such a case of pulmonary embolism, which is not immediately fatal, we have to bear in mind that the resulting infarct is infective, and will be followed by a train of symptoms in addition to those of embolism, more or less severe in proportion to the size of the infarct and the virulence of the infection.

Case No. 2 is an example of such a condition. Septic thrombosis no doubt existed in the pelvic veins, and from it the embolism was derived. The apparent simultaneous appearance of thrombosis in the veins of the left leg, with the pulmonary embolism was, I think, due to an extension of the septic thrombi from the iliac to the femoral veins. Playfair, in his "System of Midwifery," cites a somewhat similar case, and advances the theory that the thrombosis in the pulmonary artery and the femoral vein both occurred simultaneously and independently, as a result of a peculiar condition of blood favoring coagulation. I cannot help thinking, however, that sepsis plays the principal part in cases with such a history.