

comatose the following week. I was in town when she died, and did not hear of her death till some time after, and, of course, it was then too late to obtain a post mortem.

The history of the first case would naturally lead us to suppose that some disease of the heart existed, as it is well known that cardiac disease is a very common accompaniment of severe chorea. It is also a well-known fact that slight cardiac disease may exist and not be detected during life. Sir James Simpson* reports a case of puerperal cerebral embolism in the eighth month of pregnancy in which contraction of the mitral orifice was present; this was detected only after the most careful examination, and confirmed some years after when the woman died of a second attack. It is probable in my first case that vegetations existed on the valves of the heart, and that one of these had been loosened during the exertion of labour, was afterwards set free, and found its way to the brain, or clots might have formed on the diseased valve, and parts of these broken off and sent into the circulation. It is well-known that during pregnancy there is an excess of fibrin in the blood, and that the blood even where no diseased valve exists, has a tendency to coagulate, so that where there is an affection of some of the valves of the heart during puerperal attack, it is not at all improbable that the tendency the blood has to coagulate is very much increased. The attack in this case came on very soon after labour. This is rather unusual, as in Dr. Barnes'† fifteen tabulated cases of embolism of the extremities after pregnancy the earliest came on the second day, and the latest seven weeks after labour. Formerly it was thought that a case of puerperal cerebral embolism was necessarily fatal, and Dr. James Simpson, in 1857, had never seen a case of recovery. Several cases of recovery are reported in the Medical Journals, and this I am happy to say will add another to the list.

In my second case the cause of the embolism is not so clear, and the termination was not so favourable. There was no history of rheumatism, and no heart disease. As I said before it is

* "Edinburgh Medical Journal," vol. viii. p. 1855.
 † Obstetrical Society's Transactions, vol. iv.