

between 30 and 40 per minute. On December 25th, six days after onset of attack, temperature had fallen to 98.2, pulse to 116, respiration 35, and on January 4th, fifteen days after onset, temperature, 98.2; pulse, 85; respiration, 25. The patient made an uninterrupted recovery, and is now in good health. The treatment adopted was free stimulation, whiskey and strychnine and rest. On December 21st, two days after onset of attack of dyspnea, patient developed thrombosis of left femoral veins, with all the usual symptoms accompanying it. This subsided as time progressed.

Case 3.—This case occurred in the practice of another physician, who is now deceased, but as I was called in when the attack of embolism occurred, I have included it with the others. Mrs. M., aged 24, primipara; labor normal, slight laceration of perineum; two or three days after delivery had slight chill, and developed tenderness in right side, probably cellulitis; this passed off, and she was apparently convalescent and up on twelfth day. While attending to some trivial household duties on the sixteenth day after confinement, she suddenly complained of great pain over heart, and difficulty of breathing. She was placed in bed, but rapidly became unconscious, and died in about fifteen minutes.

These three cases, while presenting a clinical picture similar in their general outline, are symptomatic of a pathological condition, widely different in its etiology. When considering the cause of these attacks, we are confronted with the question, is the occlusion due to embolism of the pulmonary artery derived from a thrombosis in some of the systemic veins, or may it be due to primary thrombosis, originating in the pulmonary artery itself? My own opinion, based on what I have observed, and from the literature upon the subject, is that while embolism is the common cause, there are a certain number of cases which cannot be accounted for in any other way than that of primary local thrombosis of the pulmonary artery. Case No. 1 must, I think, be considered as a case of primary thrombosis in the pulmonary artery itself. In this case anemia was present in a marked degree, and all writers are agreed that chlorosis is a strong predisposing cause of thrombosis; the absence throughout of any rise in temperature, or other symptom of sepsis, the absence of any symptom that would indicate thrombosis of the pelvic veins or veins of the lower extremities or elsewhere, from which embolism could be derived, are strong negative reasons why this should be considered a case of primary thrombosis of the pulmonary artery. Welch, in an exhaustive treatise on this