

short labor, on April 18th, 1900; the delivery was followed by severe post-partem hemorrhage, due to relaxed condition of uterus; this, however, was checked after a few minutes. The patient, anemic before her confinement, was more so now than ever, but gradually recovered without any other symptoms than those due to anemia, and was able to sit up for a short time at the end of the second week. On May 12th, twenty-four days after delivery, while in bed, she was suddenly seized with violent dyspnea, precordial distress, oppression and fear of impending death. She was lying on her back, the window of the room was thrown wide open, and she complained that she could not get air enough, and she was breathing rapidly and laboriously. She also complained of pain over heart and left breast; on examination a soft, blowing murmur could be heard over the pulmonary artery; air freely entered both lungs. Temperature was normal; pulse, 140, feeble. Absolute rest was enjoined, and stimulants and iron administered internally. The dyspnea gradually subsided, except when any attempt at movement was made. The patient's general condition steadily improved, although anemia was still very marked, but hope was entertained of her ultimate recovery, when on May 30th, eighteen days after the first attack, she was suddenly seized with violent dyspnea, and expired within half an hour. The temperature throughout this case was normal, and no symptoms of septic infection or of thrombosis of the veins of the extremities existed at any time.

Case 2.—Mrs. B., aged 44, sixth pregnancy; a strong, robust woman. Head presented in the occipito-posterior position, and was delivered with forceps, after a tedious and difficult labor, on November 11th, 1902. Septic trouble developed on the third day after delivery, temperature rising to 103.2; with appropriate treatment this subsided, and the temperature was normal, and patient convalescent on about the twenty-fifth day after delivery; on December 19th, thirty-six days after delivery, she was suddenly seized with intense pain in left breast, with great difficulty of respiration. I saw her within an hour, when she was lying with head elevated, as she could breathe best in this position; marked dyspnea, severe pain in precordial region; pulse, 130; respiration, 47; temperature, 101.4. On examination, no heart murmur could be heard, and air freely entered both lungs. The patient had a persistent, dry cough, which greatly aggravated the attacks of dyspnea. The dyspnea continued at intervals for about ten days, being always aggravated by movement or coughing. For several days, the pulse remained about 120, and respiration