

as yet felt no pain. On vaginal examination, I found sufficient dilatation of the os for admission of the tip of my forefinger. Assuring her that all promised favorably, I inquired as to her general health, and was told that her appetite was poor and that she had been troubled with a frequent tendency to faint, also that she had been working very hard for some time past. I ordered a nutritious diet and rest in the horizontal position at the least approach of faintness, ascertained that the bladder and bowels had been satisfactorily emptied, and left, promising to return by 10 p.m. At that hour I saw my patient again. The uterus seemed to have settled a good deal lower in the pelvis, but there was little or no increase of dilatation of the os, no pain of any consequence, water dribbling away slowly, temperature normal, pulse 102.

On the morning of the 22nd patient complained of a slight headache and feeling of giddiness. There were no labor pains and less water (she thought) was escaping. Her spirits seemed good, pulse was a little slower than the previous evening, temperature normal. I told her that I would not come again until she sent for me, which she was to do as soon as she began to have consecutive pains, as I judged that when the uterus began to act, delivery would follow very rapidly.

At 11.40 on the night of the 22nd her husband came for me. I was with the patient almost immediately. She said she had had but one pain before sending for me. Uterine contractions continued strong and very effective, and the child (a fair-sized boy) was born at 1.15, June 23rd. Fl. ext. of ergot, 3j., was given directly after the expulsion of the head. The uterus now contracted firmly, the placenta was expressed from its cavity by Credé's method. Patient said she felt well, but was enjoined not to stir. Rather a free gush of blood followed the escape of the placenta, and it was noticeable that it was instantly clotted in the bed. Grasping the uterus firmly, I secured its satisfactory contraction, which continued up to the time of the patient's death. There was no further undue escape of blood. I sat watching the uterus and noting patient's general condition for almost an hour and a half. Her pulse varied from 78 to 87 during that time and was rather irregular, but she said she felt well. In spite of earnest injunctions to the contrary, she talked a

good deal. At 3.30 a.m., there being absolutely no one else to do it, I left her for the purpose of washing and dressing the baby. Her husband was directed to sit by her and see that she did not stir. I could hear him through the open door enjoining quietude upon her, and judged that in spite of him she made some impulsive movements. It must have been about fifteen minutes after I left her that she called me, saying that she could not describe the terrible character of her sensations. I found her pulseless at the wrist, gasping for air, perfectly conscious, her face expressive of intense anxiety. Uterus firmly contracted; there had been no flooding.

Stimulants were at once exhibited freely and their administration continued throughout. Dr. L. B. Yeomans was sent for, and with her assistance internal stimulation and external applications of heat and friction were constantly kept up. The window-sashes were entirely removed, that air might have free admittance. Twice our exertions were rewarded by the re-appearance of the wrist-pulse, once it could be counted—126. Had it been possible to keep the patient perfectly still, the fatal issue might have been delayed, or perhaps averted; but her agony was such, that with any means at our command it was impossible, entirely, to control her. A stethoscope was not at hand, but no basic cardiac murmur was discovered on direct auscultation, which was made several times over the heart. Nevertheless, the symptoms were so marked, that we could not fail to class the case as one of Pulmonary Venous Thrombosis. A third physician was sent for, but unfortunately did not arrive until after the patient's death, which took place at 6.45 a.m., five and a-half hours after the termination of her labor.

It is much to be regretted that an autopsy on this case could not be obtained, and the exact location of the obstructing clot ascertained. Patient complained more of the character of her sensations than of sharp pain. She would press her hand on her heart and say, "Why have I such a terrible feeling (sometimes she spoke of it as a pain) here?" She mentioned also numbness of her lower extremities, and a sense of suffocation. That the clot formation was to some extent gradual, seems evident from the fact, that twice early in the attack the heart contracted powerfully enough for the pulse to be perceptible at the wrist. This