

Although I have not headed the above case as one of pulmonary embolism, the history which it presents, and especially the severe symptoms which persisted for so long a time, so closely resemble those observed in fatal cases of obstruction of the pulmonary artery, that it is difficult to explain the case upon any other hypothesis. It is true that in the great majority of cases of the kind the symptoms have rapidly increased in severity, and death has been the inevitable result; but a few cases during the puerperal state are to be found recorded similar to the present case, in which, notwithstanding the threatening character of the symptoms, gradual improvement took place. In analysing the case just reported, it appears probable that a loose clot which had formed in the right side of the heart was driven into the pulmonary artery, giving rise to the urgent dyspnœa which supervened so suddenly. The patient told me that throughout the day she had felt a little shortness of breath. Given that a clot found its way into the pulmonary artery, it is of course quite conjectural what changes took place in it; but it is not improbable that a loose clot might undergo such contraction as to allow the gradual re-establishment of the circulation, coincident with the slow improvement in the general symptoms. Different opinions will doubtless be entertained as to the share which the carbonate of ammonia had in relieving the symptoms, by reducing the hyperinosis of the blood which existed at the time. The large quantity of this alkali which was taken in twelve hours is especially deserving of notice. I am not aware that it has been given continuously for twelve hours in such large doses at such short intervals. Dr. Richardson, in one of his valuable contributions to the subject of thrombosis, gives reasons for administering the liquid ammonia rather than the carbonate; but when this case occurred I had not read Dr. Richardson's remarks on this point. Another fact of interest in the case now reported, is the low temperature which continued throughout the day succeeding the most severe symptoms.

My friend Dr. Playfair, who has written so well on thrombosis and embolism in the puerperal state, in commenting upon a case similar to mine, objects to its being called one of embolism, and says that it should be designated a case of thrombosis. I have, however, preferred to speak of this case as one of embolism, believing that the coagulum was originally formed in the right side of the heart, and then pursued its short course as an embolism into the pulmonary artery, rather than that coagulation occurred *in situ* in the pulmonary artery itself.—*British Medical Journal*.

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