A CASE OF PULMONARY EMBOLISM OCCURRING TWENTY-FOUR DAYS AFTER DELIVERY.

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The specimen which I show to-night I removed a few weeks ago in the *post-mortem* room from the body of a woman aged 20 years. She had previously borne two children, and on October 30th, 1902, was delivered for the third time. The labour was in every way natural and quite easy.

On November 4th her temperature commenced to rise,

and she showed other signs of septic infection. On November 7th the temperature was 105°, and on that day the patient was admitted into St. Bartholomew's Hospital under the care of Dr. Champneys. The lochia were still blood-stained, and the uterus was found to be larger than it should have been eight days after delivery. An anæsthetic was administered and the uterus explored; some shreddy masses were removed from the placental site, and an intra-uterine douche was given. Immediate improvement followed this proceeding, and by November 23rd she was considered well enough to be allowed to return home.

As she was walking down a small flight of steps on her way out of the hospital she was noticed to stagger and fall. Dr. Hunt (the obstetric house physician) happened to be close at hand and saw her immediately. He found her cyanosed, and noticed slight spasmodic movements of the jaw. The chest was motionless; no attempts at respiratory movements were made. No sounds could be heard over the heart; the pulse in the radial artery could not be felt, but the veins at the root of the neck could be seen to pulsate. When artificial respiration was performed the air passed in and out of the lungs with the greatest ease, but the cyanosis first deepened, then gradually faded away into pallor. The diagnosis of embolism of the pulmonary artery was therefore made.

At the *autopsy* the blood all over the body was unusually fluid. On opening the abdomen recent peritoneal adhesions were found in the pelvis. The uterus was enlarged, and its cavity contained a small quantity of blood-clot. It showed no other signs of inflammation. The Fallopian tubes were adherent to the back of the uterus, but the canal on each side was patent. The right ovary was cystic. The uterine vein on the right side, and the veins of the pampiniform plexus in the right broad ligament were distended with pus. The internal and common iliac veins on the right side were filled with firm, pale red thrombus. The inferior vena cava contained a portion of loose thrombus, situated just above the point of entrance of the

renal veins. The rest of its lumen was occupied by fluid blood. The right ventricle contained nodular masses of *ante-mortem* clot, which were adherent to the columnæ carneæ. The orifice of the pulmonary artery was completely occluded by a mass of firm thrombus.

The specimen shows the right ventricle of the heart laid open on its anterior aspect. Immediately below the conus arteriosus is a mass of *ante-mortem*, partially decolourised clot, firmly adherent to the columnæ carneæ. The orifice of the pulmonary artery is completely blocked by a mass of the same material; this extends much farther into the right than into the left branch of the vessel, the right being completely occluded for nearly its whole length. The lungs are intensely congested and engorged, particularly the lower lobes. Both arteries and veins are thrombosed, and considerable extravasation of blood has taken place into the lung tissue.