I think, however, that the rigidity of the os was due to that peculiar nerve storm which is present in such cases, and that the patient died from shock. Under such circumstances, my chief aim would be to first treat the shock, as indicated elsewhere in this paper. As to operative procedures I should like to get your opinions.

The main points of this paper are as follows:

1. Making a diagnosis in many cases of concealed accidental hemorrhage is generally difficult, sometimes impossible, before delivery.

2. The so-called important symptoms—anemia and distention of the uterus—are not present in a large proportion of such cases.

3. The serious condition in most cases is shock from traumatism, and not collapse from loss of blood.

4. The diagnosis of the combined internal and external accidental hemorrhage is more readily made, but the amount and effect of the blood within the uterus are often difficult to ascertain.

5. Even in such cases, shock from traumatism is sometimes the predominating element; on the other hand, collapse from loss of blood, whether retained within the uterus or flowing externally, is sometimes the important factor.

6. In all cases where shock from traumatism is the main condition, or the predominating element, the most urgent requirement is proper treatment of such shock, and not emptying the uterus.

7. In a large proportion of cases of the combined internal and external hemorrhage, the introduction of the vaginal plug, with the application of an abdominal binder, appears to be a very safe and effectual plan of treatment.

8. In a small proportion of cases, especially during labor, puncture of the membranes is beneficial.

9. Any form of accouchement forcé, which includes forcible dilatation of a rigid cervix is never justifiable.

10. The best operative procedure would appear to be some form of vaginal section; but its field is limited, and not accurately defined.

30 Gerrard Street East.