

Patient, aged 29, II-para, when seven months advanced in pregnancy was suddenly seized with abdominal pain while driving. Went home (only a short distance) as soon as possible. Went upstairs intending to go to bed, collapsed while undressing. I saw her in about twenty minutes and found her cold and weak, pale, with rapid pulse, and suffering intensely from "tearing" pains over the abdomen. Gave her large doses of morphine and ordinary treatment for shock. The symptoms, although very alarming for about two hours, subsided. Concealed hemorrhage suspected at first, but doubted on following day. Four days afterward an uneventful labor resulted in the expulsion of a dead fetus. The placenta showed evidence of being nearly half detached. The shock was evidently due to the tearing pains caused by the sudden impingement on the uterine wall, and not at all to the loss of blood, which did not amount to more than a pint (I think less than a pint). The clot thus produced, although comparatively small, had acted as a foreign body, and produced a surgical traumatism which nearly caused the death of the patient.

In considering the whole subject of accidental hemorrhage, several differences of opinion are prevalent, both as to diagnosis and treatment. The following procedures are conspicuous in this regard: rupture of the membranes, plugging the vagina, accouchement forcé, and Cesarean section. In this paper vaginal Cesarean section will not be considered as a variety of accouchement forcé. Why is there so much divergence of opinion? In the first place, probably because the internal concealed variety is absolutely different from the external hemorrhage as to symptoms and results, and requires entirely different treatment.

Again, all accidental hemorrhages are at first internal and concealed, and present a great variety of symptoms, such multiplicity depending on the suddenness of the gush, the amount of blood poured out, and the length of time of concealment. The blood streaming from the ruptured vessels may flow freely from the uterus at once, or may be bottled up for a varying time.

In a certain proportion of cases of accidental hemorrhage there is little or no shock, because there is little or no obstruction to the flow of blood. The important condition here is loss of blood resulting in collapse, with no tearing or agonizing pains.

What is shock? We have no time now to discuss such an important subject in detail, but we recognize the fact that the surgeons of to-day are giving us valuable instruction as to this