

seat of the phlebitis, the condition present in phlegmasia colens. A portion of this clot may become detached, by external manipulation or other disturbance, for example, pass into the blood current, and all the phenomena of embolism, followed by speedy death, are liable to occur. In the celebrated case of Druitt, a clot twenty inches long, and "with every appearance of having been formed in the femoral vein," was found curled up in the right auricle and ventricle.

9th. *Co-existing Heart Disease.*—Another condition which, should it be present, would add to the danger of embolism arising, is the co-existence of that form of heart disease in which a roughening of the valves or lining membrane exists, or in which vegetations are found, which conditions favor a deposit of fibrine. The existence, also, of dilatation would increase the liability of this deposit taking place, by weakening the ventricular contraction, and thereby diminishing the force of the stream.

IV.—PRE-EXISTING HEART DISEASE

We name as a fourth direct cause of sudden deaths in puerperal cases. We have already referred to several forms of heart disease, as being favorable to the occurrence of *certain other conditions* that act as the direct cause of sudden death. We now wish to say a few words concerning those forms of disease of this organ which may, and often do, independent of the puerperal state, produce unexpected death.

Such is the case with certain valvular lesions, as aortic insufficiency, which, although no symptom may present during life to point to the existence of organic change, sometimes causes death, and this very suddenly, the heart becoming paralyzed by overdistension of the left ventricle, which we once saw result from the sudden effort of a patient to rise in bed.

V.—HÆMORRHAGE,

Especially internal or concealed, we mention as a fifth cause of sudden death. We refer now to hæmorrhage which is of such an amount as to act as the direct cause of sudden death. Ordinary *post-partum* hæmorrhage may, and not unfrequently does, terminate life speedily; but in these cases the danger is known and appreciated by the physician, and hence death, when it occurs, cannot be said to be *unexpected*. We therefore pass this point without further remark.

Unexpected death is more liable, to result from *internal or concealed* hæmorrhage. This may occur before the completion of pregnancy, or, which is more common, during labor, before the expulsion of the fœtus the placenta becoming detached in the centre and the blood collecting beneath it, while the circumference, remains attached to the uterus. Or, if the hæmorrhage continues, the membranes may become detached over a large extent of the uterine surface. The symptoms of this accident, as pointed out by Cazeaux, may be thus briefly stated: the general phenomena that accompany all losses of blood are present; rapid enlargement of the abdomen occurs; abdomen becomes painful; abdomen becomes separated

by a depression into two prominences, the one representing the collection of blood, and the other the ovum; occasionally an obscure fluctuation can be detected; labor-pains are sometimes weakened or suspended. This, however, is a rare form of hæmorrhage, and a still more rare cause of sudden death.

We attach much more importance to that form of concealed hæmorrhage which occurs after the birth of the child. This may occur before the expulsion, but after a partial or complete detachment of the placenta has taken place, and before the uterus has ever become firmly contracted. The placenta, membranes, and clots serve as a tampon, and hæmorrhage continues without interruption, in consequence of aterine inertia. We feel justified in saying that hæmorrhage under these circumstances could never occur without the physician's knowledge of it, but from gross neglect on his part.

Firm contraction of the uterus around the placenta, however, may occur, and relaxation again speedily take place, followed by bleeding, the placenta and membranes being sometimes pushed down into the vagina, and presenting to the touch the sensation of a second bag of waters (Blundell). Dr. J. Braxton Hicks, in a recent paper, says he has met with three cases of this kind, "the membranes remaining attached to the lower part of the uterus, while the part of them towards the fundus becomes, along with a portion of the placenta, separated by the effusion of blood, which gradually pushes it down towards and through the os uteri." AM. JOUR. OBST., Feb., 1872.

But there is another form of hæmorrhage which may occur after every proper precaution has been taken. We refer to bleeding, which not unfrequently comes on as the result of secondary inertia. This may occur a few minutes, or hours, or even days, after the completion of labor, and after the accoucheur has decided that the uterus is firmly and properly contracted. The time of greatest danger is the first hour or two after the delivery of the after-birth. The discharge of blood from the vagina in these cases may be prevented by a portion of the placenta or membranes that have been left behind becoming engaged in the os; by a collection of conglua; by too great elevation of the hips; by spasmodic contraction of the os uteri, the fundus and body remaining relaxed; or by the closure of the vulva by the napkin that has been improperly placed. This form of bleeding is especially dangerous when occurring soon after delivery; and the danger is increased if the hæmorrhage should come on during the sleep of the patient. In this case it is more apt to progress to a fatal result without detection.

Some authors speak of still another cause of uterine hæmorrhage, which may come on several days after labor, viz., *congestion of the uterus*. Madame Lachapelle says she has known "a woman to suddenly perish seven or eight days after her confinement from a profuse discharge of serous blood, ... which saturated, by imbibition, the most solid tampon. The womb was soft, but not distended with blood." We have seen one case in which serious hæmorrhage, commencing very suddenly with the discharge of clots, came on after the tenth day, and which, we think,