

5. Give small doses of strychnine (not more than two doses, of one-thirtieth of a grain each, by hypodermic injection).

The latter recommendation is given with some confidence, notwithstanding the adverse views of certain surgeons. I believe at the same time that large doses of this medicine are exceedingly dangerous in certain cases of either shock or collapse.

In the discussion which followed the reading of my paper at the Toronto meeting, it was stated, "that the same results could be obtained in many different ways. In Dublin the practice was to plug the vagina; in Edinburgh to rupture the membranes."

I had no opportunity to reply, but I desire now to call attention to the fact that in one of the cases reported (which is also reported to-day), the clot resulting from the outpour of blood was entirely post placental, the whole margin of the placenta being adherent to the uterine wall. Neither the vaginal plug nor the puncture of the membranes could in this case mitigate the serious symptoms of pain and shock.

The combined internal and external accidental hemorrhage, whether occurring before or during labor, is more easily diagnosed than the purely concealed form; but in certain cases, the diagnosis is sufficiently difficult to cause much perplexity. When, for instance, a quart of blood is retained internally and only two ounces escape externally, we have a condition closely similar to the concealed variety, with intense pain and shock. Under such circumstances it seems reasonable to suppose that the pain and shock are still the prominent symptoms, and should receive very prompt treatment. After complete or partial recovery from pain and shock it would seem well to carry out the so-called Dublin treatment, to which further reference will be made, or perform a vaginal Cesarean section. A report of a case with similar conditions and symptoms will be given later.

In what is known as the external accidental hemorrhage there is little or no shock, but there may be collapse from loss of blood. It is probably in such cases that the greatest difference of opinion prevails, especially as to two procedures, rupture of the membranes, and the introduction of the vaginal tampon. The puncture of the membranes and the use of the plug are very old procedures in the treatment of accidental hemorrhage.

We are told that one hundred and thirty years ago there was a great difference of opinion on this question, and at that time