Of course, one may be mistaken, as the following case will show: Mrs. A., aged 25, II-para. In the eighth month of pregnancy was suddenly seized with extreme continuous pain, accompanied by tetanic uterine contraction, July 24th of this year. When I saw the patient I suspected concealed accidental hemorrhage. Morphine was injected and the woman was at once sent to a private hospital, where she received a second dose of morphine and suitable treatment for shock. On the following day there was some local tenderness over the abdomen, with slight elevatic : of temperature, and catarrhal appendicitis was then suspected. In addition to the administration of morphine, the patient received calomel and castor oil, and recovered in about eight days (no signs of labor appearing in the meantime), and was sent home. On the last day of August labor commenced. She returned to the private hospital and, after a somewhat tedious labor, a healthy child was born September 1st. The patient made a good recovery. Careful examination of the placenta revealed no trace of " old clot."

Although one may make a mistake in diagnosis in such cases, the prompt and appropriate treatment of pain and shock, or in other words, the treatment of symptoms according to the methods of many able obstetricians of fifty or sixty years ago appears to be correct.

Treatment.—In the paper on the concealed variety, reference was made to Goodell's extremely valuable and interesting paper on the same subject. This distinguished obstetrician described in a very graphic way the symptoms, but he did not, in my opinion, properly differentiate between shock from traumatism and collapse from loss of blood; and as a consequence, his advice in such cases, " to deliver the woman as soon as possible," impelled men to carry out very radical forms of delivery with disastrous results.

The following is a synopsis of the treatment I have recommended when traumatic shock is the chief factor:

1. Administer morphine by hypodermic injection, half a grain at once, a quarter of a grain in half an hour after, and another quarter after another half hour, or less, if required; that is, one grain within an hour. Atropine may be given as well, if thought advisable.

2. Lower the patient's head and elevate the foot of the bed.

3. Keep up the body temperature by the external application of artificial heat.

4. Give a high enema of salt solution. Subcutaneous or intravenous injections may sometimes be advisable.