

hæmorrhage took place suddenly, and the patient sank within an hour and a half. After death it was ascertained that there was in the substance of the cervix uteri, close to the os, at the left side, a distinct cavity, capable of containing a small orange, into which opened the mouths of several blood-vessels.

After a careful inspection of the parts, I felt no doubt that this was an instance of the accident I have been describing; that in fact a thrombus had formed, the cavity of which was filled by a coagulum; that the thin stratum of uterine structure, or perhaps only mucous membrane and areolar tissue, interposed between the cavity of the thrombus and that of the uterus, was gradually attenuated, and at length burst, or sloughed away, allowing, of course, the coagulum to escape, and the open bloodvessels suddenly to pour out a torrent of blood, under the overwhelming influence of which life was extinguished within the awfully brief space of an hour and a half. It is to be observed, that in the case of thrombus of the external labium, related at the commencement of these observations, the slough separated on the fourth and fifth days; and here, in the case now before us; the fatal gush of blood took place just at the same interval after labour. It is but right to say of such a case, that it exhibits one of those unforeseen but perilous accidents against which no human care or caution could guard, or human skill be always available to save the patient's life.

In the month of July of last year, I saw a case which I have great reason to believe was of the kind now under consideration.

A lady affected with varicose veins, which extended all up the lower extremity, and could be traced into the vagina, was delivered, after a natural and favourable labour, at midnight; but shortly afterwards a fearful rush of blood took place very unexpectedly, for *the uterus was well and firmly contracted*. So great was the hæmorrhage, that complete prostration was immediately produced, and when I saw her, she was cold and pulseless, nor had she any return of pulsation in the radial artery for six hours and a half from the time of the sudden hæmorrhage, and during a part of that time the action of the heart could neither be felt nor heard. All this time the uterus remained perfectly contracted, but in the situation of the anterior lip its substance felt as if broken up into a soft pulp, the consequence, as I believe, of the formation and rupture of a bloody tumour. To our great joy, she ultimately rallied under the treatment adopted, and completely recovered.

I believe the formation of a thrombus at or near the os uteri, its rupture, and consequently open state of some vessel or vessels in the cavity thus formed, is very often the real cause of those hæmorrhages after the birth of the child and expulsion of the placenta, where the uterus is found to be well and firmly contracted; and it is to be recollected, that just where the thrombus forms is precisely the situation in which the contractile power of the organ is most feeble; and should it happen towards either side, it is then close upon the very part where the bloodvessels send in the largest supply to the uterus. And I would say, that while we should neglect no general or subsidiary means to check the hæmorrhage, or secure the patient from its dangerous effects, our *greatest security*, under such circumstances, will be obtained by plugging the vagina, while, at the same time, we take the necessary precautions against allowing the uterus to relax and become distended with blood.

If the occurrence of this affection has been described or noticed by any former writer, I am not aware of it; but in the writings of two of our most eminent authorities in practical midwifery, I find in each a passage distinctly