

view has been proved by high authorities. *Scanzoni* has, in eight cases of thrombus vaginæ, observed in but one woman a varicose degeneration of the veins, and that not very pronounced. In thirty-eight cases which *McClintock* collected, varicose dilatation of the veins occurred only twice.

Varicose degeneration of the veins, moreover, is observed chiefly in women who have born several children; yet *McClintock* found among twenty-five cases of thrombus vaginæ, thirteen women who were pregnant the first time. *McClintock* treated a large number of pregnant patients with varicosity of the veins of the vulva and vagina, without observing the pudendal hæmatocele in one of them. He is even inclined to draw from these circumstances the opposite conclusion, viz: that varicosity of the veins prevents the occurrence of thrombus vaginæ.

The prognosis of these hæmorrhages, and of a thrombus of the vaginæ, is always dubious; the patients may either succumb to the great loss of blood, especially when a large superficial vein has burst, and the blood is poured out immediately on the surface; or, in case of formation of a thrombus, they may perish in consequence of ichorous decomposition of the collected blood, or of extensive tedious suppurations and burrowing of pus. The treatment, of course, is very difficult according as we have before us a pregnant patient, a woman in labour, or one just delivered.

If in the course of pregnancy a serious hæmorrhage takes place, it is, in our opinion, best to tie the bleeding vessel, in case it can be reached, as has been done [in one of the author's cases.—ED.]. The ligature certainly prevents a repetition of the hæmorrhage, and is least disturbing to the course of the pregnancy. In case the hæmorrhage is not very profuse, the use of cold may be sufficient—injections of cold water, introduction of small pieces of ice into the vagina, in connection with the various astringents; but in cases of very profuse hæmorrhage from a larger vessel, cold and astringent remedies will not answer the purpose. If the place of bleeding is high up in the urethra, or if the bleeding vessel is not superficial, so that it is impossible to ligate it *en masse*, the only remaining resource is plugging of the vagina; but in this case it is always necessary to be prepared for another effect of the tampon, viz: the induction of premature pains, and an interruption of gestation.

If a thrombus forms during pregnancy, we should confine ourselves to the application of cold, so long as it does not increase in size. If it is certain that no more blood is extravasated, it is, in our opinion, best, unless the tumor is very small, to open it and remove the coagula. These thrombi, during pregnancy, however, seem inclined very soon to open spontaneously, at least such was the case in the majority of the