cases of the concealed, combined internal and external, and the ordinary external varieties, diagnosis is often difficult or impossible for a time at least. The diagnosis of the concealed form is often impossible until after delivery.

In my paper of last August I referred to a very admirable discussion on accidental hemorrhage at the meeting of the British Medical Association two years ago. I can hardly agree, however, with the opinions there expressed respecting the diagnosis of the concealed form.

Sir Arthur McCann expressed the opinion that in many cases the diagnosis is impossible until after the expulsion of the placenta; but he adds: "However, once the symptoms of anemia are well marked, and are accompanied with much pain and tension or localized swelling, there is usually not much trouble about the diagnosis."

Jellett, who expresses the latest views from Dublin, tells us the symptoms of concealed hemorrhage fall under two heads: (1) "Those due to loss of blood"; (2) "those due to the accumulation of blood in the uterus." He adds that "the most prominent symptom in the second grade consists in the gradual enlargement of the uterus." Similar views are generally entertained in the United States and Canada. Whitridge Williams tells us: "The appearance of acute anemia with manifestations of shock in a patient in the later months of pregnancy should always suggest the concealed uterine hemorrhage."

While it must be admitted that acute anemia and uterine distention are sometimes present, it seems certain that in a case such as I have described, there is no acute anemia or marked distention of the uterus. Therefore, these two symptoms to which so much prominence is given by many, if not by most authors, should receive less consideration in such cases.

What, then, are the symptoms of concealed accidental hemorrhage? They are probably in the majority of cases pain and shock. Pain generally comes on suddenly—so suddenly sometimes that it resembles the "solar-plexus punch" that "knocks out" the prize fighter. The pain is so entirely different from the ordinary labor pain that the patient and her friends generally realize that something serious has happened. The pain is continuous instead of being intermittent, amounts to extreme agony and is accompanied by tetanic contraction of the uterine walls, including both body and neck. These symptoms should lead us to suspect that concealed hemorrhage is the possible or probable cause of the patient's condition.