the uterine sinuses and, when those contractions do take place, I will most surely find the placenta in the vagina. Even after a miscarriage, provided I can control the hemorrhage, I would rather give the uterus time to squeeze the placenta out itself, guaranteeing the patient against septicæmia by frequent antiseptic irrigations with the Fritz-Bozeman return flow cavity.

I frequently make use of the sympathetic influences of the breasts over the womb, in order to obtain strong contractions of the latter organ, when I find myself in the presence of threatened hemorrhage without having any ergot at hand. By placing the child to the breast, even before it is washed, I obtain *instanter* such powerful contractions as to remove all danger of hemorrhage and to expel the placenta. I cannot understand the reason of some of our older practitioners who direct that the child is not to be put to the breast for one, two or three days. It seems to me that, by so doing, they are flying in the face of Providence. Apart from the safety which it secures to the woman against post partum hemorrhage, there is the great advantage to the child of giving it these small doses of colostrum, that beautiful laxative provided by Nature, which no chemist can imitate and which the child so greatly needs to clear out the meconium from its bowels. Latterly, I notice in some of the journals a recommendation not to wash the child at all for twenty-four hours, which, to me, seems a good one. To expose an infant to the temperature of the air for half an hour, more or less, on a winter day, while it is being washed, is running a great risk of pneumonia or bronchitis, which we need not be surprised to see supervene when we consider that it has been bathed in a liquid of a temperature of one hundred degrees for the nine months previous.

Gehrung, of St. Louis (in *American Journal of Obstetrics*), reports the most satisfactory results from the artificial suppression of the menses in the numerous cases where the woman has not only no blood to waste, but not even enough for her needs. His method consists in tamponing the vagina either before menstruation comes on or after it has lasted one or two days. The tampon is made of absorbent cotton, which is torn into little balls of the size of a pecan to that of a walnut, or torn lengthwise in two to four slips of twelve to twenty-four inches in length. These being squeezed dry from a solution of 1-100 to 2-100 alum and water are packed, the former in lumps, the latter in strips around and upon the cervix secundum artem, until the vagina is filled. Either a Sims' speculum or a bi- or tri-valve speculum may be used. He prefers a short bivalve speculum for ordinary cases, and for virgins a small trivalve, which he had expressly constructed for that class of cases, and which can be used without stretching the hymen. To make the tampon solid, he uses two pairs of uterine dressing forceps, the one to press the tampon in the opposite direction from where he intends to make the next application by the other. In this manner a very efficient tampon can be applied, without much inconvenience to the patient or the physician. When complete, the tampon can be fixed by the two points of an open pair of forceps, while the speculum is withdrawn. Of course, variations may be made in the kind of speculum used, the medication of the cotton, and manipulation in placing the tampon to suit the operator. The tampon is then left untouched for forty-eight hours, unless the bleeding should recur sooner, when it should immediately be applied fresh. This does not only lessen or stop the bleeding, but also the duration of menstruation; as a person habitually bleeding for eight or ten days may be entirely through in two or three days. Nothing should be introduced into the cervix or uterine cavity. During this treatment rest is desirable, though not absolutely necessary.

He has had two years' experience with this method, and is well satisfied with it. I