

lowed by such a dire result. I shall, nevertheless, when other feasible means fail, never, for one moment, hesitate to use it in any case of mine, as it gives a prospect of ultimate recovery, in the room of inevitable death.

Thus far, gentlemen, the management of hæmorrhage, when once it has taken place, has been considered. The aim of the accoucheur, however, should be not to wait until it has occurred and then control it, but to adopt means which shall prevent it from setting in at all. It is quite possible that cases *may*, nay certainly they *will*, occasionally be met with, in which all possible care cannot prevent the occurrence of this grave complication of labour; but I do unhesitatingly affirm that, by adopting proper preventative treatment, the occurrence of post partum hæmorrhage would be almost unknown. I have omitted to mention many of the methods sometimes used for checking flooding when it has set in, for my chief object is to elicit discussion upon the possibility of an almost universal protection from it. Indeed the treatment of post partum hæmorrhage may be summed up in one sentence, viz., we must cause firm uterine contraction by some means, and, to do so, we must trust to our judgment to accomplish that with the means which may be at our disposal at the moment. As hæmorrhage, when it has occurred can only be checked by inducing firm uterine contraction, so the *prevention* of it can only be accomplished by obtaining the same firm uterine contraction, but obtaining it earlier in the case. I have tested preventative treatment thoroughly, and have not in a single instance had hæmorrhage which necessitated any interference whatever. The mode recommended may appear very simple, but it is as effectual as it is simple.

In any suspicious case of labour, ergot in a full dose as a preventative, is advisable; but not waiting for the head to press upon the perineum as is sometimes directed. It should be given at least half an hour before delivery is effected, in order to allow it time to act.

If there be marked anæmia, or threatened exhaustion, I do not by any means look upon the judicious administration of stimulants during labour, to be just so much poison. I certainly feel convinced that in more than one instance my patient's life was saved by them. Stimulants during labour, like opium or ergot, should only

be used when indicated; as, like them, if administered when contra-indicated serious consequences might result. It cannot be denied that when there is much exhaustion during labour there is more danger of deficient uterine tone, and consequent flooding after it.

In every case I remove the child gradually, and follow it down by the nurse pressing above the fundus uteri. After the birth of the child, I direct the nurse to maintain proper pressure over the fundus to prevent the uterus from relaxing till the funis is secured and divided. When that has been attended to, I press gently, but firmly, over the uterus to insure proper contraction upon the placenta, which will be accomplished in a few moments. I then, carefully maintaining with my own hand a proper degree of pressure, have the patient gently assisted from the left lateral position which she has occupied during labour, to the dorsal position. This usually causes the placenta to be at once expelled into the vagina, without any traction upon the cord. If it should not do so, pressure upon the fundus of the uterus, and directing the patient to cough, will soon accomplish it. It is then only a question of a few moments to remove it from the vagina. This prompt expulsion of the placenta is a matter of importance when flooding threatens, or has taken place, because, from the moment that the utero-placental circulation is interfered with, the placenta becomes a foreign body, preventing the uterus from contracting properly upon, and so closing the open extremities of the uterine blood vessels, which alone can give perfect safety from hæmorrhage.

I now, in every instance, remove the placenta with the patient in the dorsal position; and, having tested both lateral and dorsal postures, decidedly prefer the latter. Its advantages over the *lateral*, during the expulsion of the placenta are—

1. It causes the placenta to be almost instantly expelled.

2. It prevents the admission of air into the vagina; or uterine cavity, and causes the expulsion of any that may have entered during or after the birth of the child. That air does sometimes enter the vagina, especially when the abdominal parities are relaxed and the patient in the lateral posture, is made evident by pres-