

inhalation of five minims of nitrate of amyl, whilst he flow was immediately arrested.

Dr. Wilson, of Baltimore, urges the introduction of the hand within the uterus, and raking the surface which has been occupied by the placenta with the finger nails.

Injections of a powerful styptic, such as the tincture ferri chloride, or what is better, the liquor ferri persulphate, is another agent highly spoken of by many continental authorities, but is little thought of or practiced in this country for reasons well known to us all.

Professor Von Hecker, of Munich, and Thompson, of New York, claim to have obtained excellent results from the application of ether spray over the hypogastrium.

Electricity and galvanism have been found of decided advantage, and on many occasions succeeded when every other means had failed. This has, at the last moment, when the woman was sinking, brought on uterine contractions, stopped the flooding and saved her life. One of the poles is placed over the fundus, and the other over the lumbar region or on the perineum, or, what has been found more efficient, one of the poles is introduced into the vagina and applied to the os-uteri, and the other is placed over the fundus, or on the back. The power should be sufficiently strong to produce contraction, and the application must be continued till the contraction remains after the pole is withdrawn.

Dr. Hamilton, of Falkirk, has advocated another method of applying pressure over the womb, viz: "It consists in passing the fingers of the right hand up in the posterior cul-de-sac of the vagina, so as to reach the posterior surface of the uterus, while counter pressure is exercised by the left hand through the abdomen. The anterior and posterior walls of the uterus are thus closely pressed together."

When every other means have failed, pressure on the abdominal aorta with the fingers or with an aortic tourniquet has been recommended and used with good success in very serious cases.

Professor Guillon de Coze has suggested a method which can be employed when the usual plan has failed, or when the aorta cannot be compressed directly, or where the entire uterus cannot be made the direct medium of compression.

To this method, as far as I can learn, no reference has been made in any of the English text-books and journals at my disposal. It consists in introducing the right hand into the uterus, through which a more immediate and effective pressure is made upon the aorta, by depressing this between the posterior wall of the womb and the lumbar vertebræ. As yet I have had no occasion for trying this procedure. I am inclined, however, to think well of it, as there is no doubt of its being practicable and advantageous, from the fact that two important indications can be accomplished at once, viz: it intercepts the flow of blood through the most direct pressure that can

be made upon the aorta, with only the intervention of the posterior uterine wall, while the hand thus introduced within the uterus excites that organ to contraction, or acts as a uterine irritator.

Finally, the transfusion of blood or the intravenous injection of milk in place of blood, as recommended by Dr. T. G. Thomas, has been the means of saving the lives of many desperate cases, after every other means had failed, or in cases in which the loss of blood had been excessive, and with very little hope for saving them.

In conclusion, I wish to call attention to the fact that too much reliance should not be placed on the value of compression, as this is nothing but a mechanical means which is employed; very proper, no doubt, for interrupting rapidly the flowing, but evidently without any action upon the contraction of the uterus. It is a powerful means against this form of hemorrhage, but useless against uterine inertia, which, as we all know, is the chief cause of this accident. Its utility, however, cannot be denied, as by means of it a temporary dike, as it were, is thus formed, which opposes the destructive current, and thus as supplementing, rather than curative, and without superseding other and more radical plans of treatment, it should be employed when necessary. In the meantime the administration of ergot, either hypodermically or otherwise, must not be forgotten while other methods are being adopted, as by it the uterine fibres are awakened to contraction, and consequently closure of the sinuses is thus insured. Sometimes electricity, the hypogastric pressure or friction, and the introduction of the hand within the uterus are sufficient to rouse the uterine inertia; these, however, without the aid of ergot, are almost worth nothing; therefore to incite and to keep up uterine contraction, this powerful agent first of all, together with pressure over the fundus, must be employed in the treatment of post-partum hemorrhage.—*Proceedings Medical Society, County of Kings.*

THE EFFECTS OF SOME DRUGS IN LACTATION ON NURSE OR NURSING.

[By THOS. M. DOLAN, F.R.C.S. Ed., in *Lond. Practitioner.*]

CHLORAL, HYDRATE OF.—Chloral is now so frequently used in connection with parturition, and is such a well-known remedy for puerperal convulsions, that it is a most important medicine in connection with my subject. Dr. Fothergill has pointed out the effects of chloral on the general vascular system, and its calming influence on the arterioles of the skin. We know that it is cumulative, and hence some of the sudden deaths from its use. So that if it be given as recommended by some accoucheurs it may affect the lacteal secretion.

Ringer tells us E. Lambert recommends chloral in parturition in fifteen-grain doses every quarter of an hour till the patient falls asleep; and he