

bleeding still continues, the uterus itself can be tamponed in the same way as described in the case of the vagina. In the difficult cases of incomplete abortion in which part of the ovum or membrane remain in the uterus, one has to be guided by the size of the uterus. If it is large, the egg may be entire; if it is small, only membranes remain. In the former case, the treatment is as already described; in the latter case, the os must, if necessary, be dilated with rubber or glass bougees, and the uterus scraped, with the fingers always introduced as a guide.

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#### UNCONSCIOUS DELIVERY.

Le Blond (*Journal de Médecin de Paris*, July 30th, 1893) related, at a meeting of the Medico-Legal Society of Paris, in July, the following case: A woman, aged 27, illegitimately pregnant, who had been deserted by her lover, was seized with slight colicky pains, but continued to work. During the following night she was attacked with still more severe pain. Thinking that defecation would relieve her pains, she sat upon her chamber utensil, and, upon straining, gave birth to a live child. She was greatly alarmed, but cut the cord with scissors, wrapped the infant in a cloth, and, proceeding down stairs, communicated to the people in the house what had happened. Violent flooding occurred; the cord had not been tied. Le Blond saw the case early the next morning, found the placenta still in the vagina, and extracted it. The mother and child did well. Had the child died, the mother would have been very strongly suspected of murder, especially if she had attempted to defecate in a public privy, in which case the child would have been almost inevitably killed.—*University Medical Magazine*.

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#### VAGINAL INJECTIONS AFTER LABOR.

Eberhart (*Centralb. f. Gynak.*, No. 37, 1893) maintains that injections are always needed after delivery when there is gonorrhea, when there is any other profuse discharge, when the vaginal mucus is fetid, when the temperature rises, and when any obstetric operation has been performed. Otherwise the injections are not needed in normal labors in private practice. In hospitals they must always be used. Eberhart has seen the best results follow preliminary vaginal douches, after Kaltenbach's practice. He uses them in private, as well as in hospital. He has discarded sublimate, and employs a one per cent. lysol solution. For intra-uterine injections, lysol should always be employed.—*British Medical Journal*.