

there is no hæmorrhage, she may have the wet things removed, including the binder, which is generally soiled, and the clean things be drawn down. Gooch recommends us not to move the patient for two hours. This advice is very good; but the reason I do not follow it in ordinary cases is, because I do not feel satisfied unless I ascertain the condition of the patient *after* she has been placed in bed, and I prefer applying the binder myself. It is important to feel the state of the uterus, and ascertain the amount of discharge after the patient has "been put to rights," as the pulling off the wet clothes and drawing her higher up in the bed is sometimes quite sufficient to bring on flooding. Amongst the poor, most of whom, if allowed, will be confined in their stays and numberless petticoats, it is not uncommon for hæmorrhage to set in after they have been undressed and placed in bed. The greater the difficulty is removing the clothes, of course, the more the mother has to exert herself, and the more liable is she to flood. Directions should be given to the nurse to move the patient as little as possible, and not to let her sit up for one moment. The wet things should be drawn away gently, and then the clean things drawn down. All these points can be effected much more easily and with more safety by two than by one; it is as well therefore, to have another woman to assist the nurse. When the patient has been placed comfortably in bed, the medical attendant should examine the pulse, and pass his hand over the uterus to feel whether it be of proper size and contracted; and the patient should be asked whether she feels much loss. These three points being satisfactory, a good wide calico binder should be passed under the hollow of the back, and with the assistance of the nurse drawn under her, so that the lower edge of the binder extends down to the trochanter major. Two napkins should be placed over the fundus of the uterus, and then the binder pinned tightly on the right side of the patient.

What I have to say of the binder I shall say now, it should be only used as a means of preventing, not arresting hæmorrhage. No one in his right senses would make use of a binder while hæmorrhage was going on. The binder acts like an artificial hand, applying pressure and irritating the uterus into a permanent and equable contraction. It is a safeguard which no prudent practitioner would think of omitting. Besides the binder, the application of a pad over and above the fundus of the uterus is of great value. The binder applies equable pressure over the abdomen, whereas the pad applies direct pressure to the uterus. The pad I use in ordinary cases, where there has been no hæmorrhage, consists merely of two thick napkins—one half placed over, the other half above the fundus. If there has been flooding, a safer pad consists in rolling up three big napkins separately—one should be placed transversely above the fundus; the other two perpendicularly, one at each side of the uterus. The upper extremities of the side pads should lie over those of the upper pad. In this way the uterus becomes enclosed, as it were, in a box; and if the binder be tightened firmly over them, it is almost impossible for the uterus to escape from their clutch. About twenty years ago a very animated discussion arose. I think in the pages of the "Lancet," on the subject of applying a binder after delivery. A few contended not only that it did no good, but actually did harm. One objected to it on the ground that it was liable to bruise the

uterus. Without a pad I believe it would be very difficult to bruise the uterus, let the bandage be applied ever so tightly. We must remember that the uterus is a movable organ, and on that account the actual compression is not so great as it would appear to be. The uterus is pressed downwards and backwards. If the uterus were immovable, it would be easy to understand how bruising of its structure could be produced by a tight binder. Another gentleman gave it as his opinion, that the binder is a prolific source of *prolapsus uteri*. That would be very difficult to prove, and it seems rather curious, that the very application, which generally gives such relief in prolapse of the uterus, should be one of the causes of that distressing malady.

One of the best proofs to my mind of good accruing from the application of a binder, is the comfort it affords to the patient. They generally tell you "How nice that feels!" "Oh, how beautiful!" and other like exclamations.

Dr. Tyler Smith states, in his 'Manual of Obstetrics,' that he has known cases where he had been obliged to attribute a fatal result from hæmorrhage to the neglect of applying a binder after delivery. I can quite credit it; and I am very glad to find that this eminent and practical authority so strongly recommends its application.

**THE NEGROIN DISEASE.**—In the department of the South there are a number of regiments of coloured troops, and it is a well ascertained fact that they are more liable to disease, and that the mortality is greater than among the white regiments. They rarely ever recover from a severe wound, and when attacked by disease they seem to care but little for life, and die in spite of all remedies and attention. These facts are particularly true of the North Carolina and South Carolina coloured soldiers, the sick reports of which are fifty per cent. larger than those of the white troops; and I find, on referring to my notes, that there were, during the months of November and December, thirty-eight deaths from disease in thirteen regiments, three of which were coloured. The latter lost seventeen men of the thirty-eight. The coloured troops recruited in the Northern States do not suffer to the same degree. *Dr. Goss. in American Medical Times.*

**REDUCTION OF STRANGLED HERNIA BY MEANS OF ELASTIC BANDS.**—M. Maisonneuve relates that, ten years ago, he formed the idea of applying india-rubber for this purpose, first using it for impacted hernia only. The success of the attempt was such, that he subsequently employed the same means for strangulated ruptures. In large inguinal and umbilical herniæ, where they were pediculated so as to be enveloped by the elastic band, the success was as complete as possible, so that cases which would not yield to prolonged taxis returned in a few minutes with the caoutchouc without accident or violence. M. Maisonneuve has now succeeded in applying this elastic method to other forms of hernia, having invented the *hernial reducer*, which can be applied to small ruptures. Thanks to these plans, an operation, the mortality of which amounts to sixty per cent., will be rarely required. The former method, applicable to the large and pediculated form of hernia, is carried out in the following way:—First, three or four circular turns of an elastic band are made round the pedicle.