

Friction over the uterine surface is not worthy of any reliance.

Firm pressure, with manipulation over the fundus uteri has a powerful influence, as it tends to secure a uniform contraction of that organ. It is useful as a means both of checking and of preventing flooding. Supra pubic pressure should be maintained *before* the separation of the placenta, to prevent irregular contraction, and consequent retention of the placenta. It should be also maintained *after* the separation of the placenta, to prevent the uterus relaxing and becoming filled with blood.

The introduction of the hand into the uterine cavity, accompanied by counterpressure outwardly is beneficial in an especial degree when the uterus contracts irregularly; also when used promptly in inertia, but *never* in inertia when flooding has been so great as to cause *extreme exhaustion*, for the shock which it then occasions might prove fatal.

Cold water or ice, as a local application, should be used with discretion, as it is a powerful means for good or ill. It may be applied, according to the necessity of the case, to the vulva, sacrum, or abdomen; or cold water may be injected into the vagina, or even into the uterine cavity itself, if circumstances may demand it. It should only be resorted to in cases where manipulation has been tried and found insufficient, for the habit of resorting to ice or cold water when the first gush of blood is seen is a practice that is as *pernicious* as it is *uncalled* for.

When a *hæmorrhagic diathesis* exists, flooding should be anticipated, when such is possible, by appropriate treatment previous to, as well as during, confinement. What that treatment is, must depend upon whether *plethora* or *anæmia* be the cause.

With reference to the *fourth* and *fifth* enumerated causes: if, in any case, after the removal of the placenta, flooding should continue, although the uterus be properly contracted, a vaginal examination should be made, with a view of ascertaining the cause. If *laceration* of the *os* be detected to be the cause, immediate benefit will be obtained by saturating a tampon with a strong solution of tr. ferri mur., and applying it to the *os*. The application of iron in this case is quite free from the grave objections which can justly be urged against its

use as an injection into the uterine cavity. *Hæmorrhage* from *laceration* of the *vagina* or *perineum* must be treated according to the extent of the injury, either by astringent applications or operative interference. If no laceration of the soft parts be found sufficiently extensive to account for the symptoms present, then the examination should be continued into the *uterine cavity*, as possibly a portion of retained placenta or a firm coagulum may be the cause. If it be so, the necessary treatment must immediately suggest itself, *i. e.*, removal of that which, in reality, has become a foreign substance.

One other important means of controlling hæmorrhage yet remains to be mentioned. A means highly lauded by several obstetrical authorities, and as strongly condemned by others, whose opinion merits an equal confidence. I refer to the *injection into the uterine cavity* of a solution of the *tinct.* of the *perchloride of iron*. By taking a course between these extremes, we arrive at the *practical truth*, which is what we require. It cannot be denied that its use is sometimes dangerous to life, and that death has resulted from it; while it is equally true, on the other hand, that under certain circumstances, the patient must die if it be not used. In employing it, the most approved strength of the solution is 1 to 2, or 1 to 3 of water; and of this about $\bar{\text{viii}}$ should be injected, particular care being taken to pass the end of the tube up to the fundus uteri, and to inject slowly. It checks the hæmorrhage instantly, but it should never be used otherwise than as a *dernier resort*, after the failure of all other available means, such as have already been mentioned. The danger attending its use lies in the fact that sometimes the contraction of the uterus after its use is not perfect, and in such a case the partially open extremity of each vein and sinus is closed by a coagulum, which certainly perfectly checks the flow of blood. Absorption of the septic matter caused by the decomposition of those coagula is certain, in such a case to occur, and death, in all probability, be the result. Great care, then, ought to be taken to ensure complete and permanent contraction of the uterus, after injecting the styptic solution as a prevention of such a disastrous consequence—bearing in mind that the injection into the uterine cavity, of a solution of *iron*, of any strength, and with all possible care, may be fol-