partially separated, which fact is indicated by hæmorrhage; or we have the other condition, that of septicæmia. Playfair says, "that the one great primary cause of post-partum hæmorrhage is inertia." Therefore, to overcome the inertia, we should give ergot; then, in order to give time to act, plug the vagina, on removing which we very frequently find the placenta comes away with it. In Case 5, the removal of the cause stopped the hæmorrhage. Dr. Parish mentions a case of uterine hæmorrhage of three weeks, following a miscarriage at third month, cured by scraping with the wire curette, which simply brought away some granular matter. The application of the tampon is of great importance, as the pressure of the cotton on the uterus has a powerful effect. The best effects are obtained by not pressing each pellet of cotton too strongly, each one acting as an elastic ball; on removing these, I have found them quite elastic after fourteen hours. The vaginal orifice should close over the filling.

Concerning ergot, I have not found the various fluid extracts to act as well as an infusion of the powdered drug. If the cervix should not dilate sufficiently after using the plug, we might dilate with a tupelo tent, sufficiently to allow us to use the wire curette. Hundreds of women are sacrificed to the let-alone policy; exhausting hæmorrhage or fatal septicæmia is almost sure to follow a retained placenta. Dr. Paul F. Mundè has removed the secundines 57 times, with but one fatal result from septicæmia, and that was present before the operation. Some of the causes of hæmorrhage are, hæmophilia, mental emotion, functional disease of the liver, incautious use of stimulants, sudden assumption of the erect position; the local causes, irregular and insufficient contractions of the uterus, clots, portions of the retained placenta or membrane, retroflexion, laceration or erosion of the cervix, vagina or vulva, lacerations of the cervix being more apt to occur in premature births.

THE MODIFIED GEHRUNG PESSARY IN PROLAPSUS UTERI ET VAGINÆ.

BY W. W. TURVER, M.D., PARKDALE, ONT.

I herewith introduce to the notice of the profession a pessary suitable to cases of prolapsus uteri of the second and third degrees. It is a modification of Dr. Gehrung's (St. Louis) double horse-shoe pessary. It is composed of soft rubber, moulded on soft wire, adjustable and easily fitted to each case. It has been tested for over two years and a half in my own practice with satisfactory results. It is especially serviceable where there is much weight to be borne, as in uterine hyperplasia; also in cystocele, and in menorrhagia and metrorrhagia, associated with uterine enlargement and congestion.

Diagram No. 1.

Diagram No. 1 shows the instrument with flexible apron springing from the upper branches.

Diagram No. 2 is a side view, showing the cervix uteri resting in the concavity, and may be more minutely described as follows:

Commencing at a point *a* which is opposite the pubis to A is the rounded superior portion, one and one-half inches from side to side, on which the base of the bladder rests; A, along the dotted line to E, represents the concave portion behind *a* to A, which receives the convex anterior surface of the cervix and fundus.

E represents the flexible dependent portion or apron in which the concave portion A to E terminates, so that the flexibility of E makes it a point of motion. That is, when the fundus uteri is pushed back by a full bladder in the arc B to *b*, the cervix describes a small arc forward at E; the varying conditions of the bladder rendering continuous pressure on any portion of the anterior surface of the uterus impossible along A to E or at E.

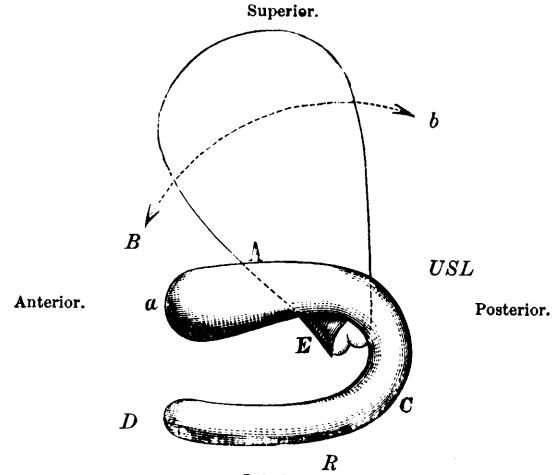

Diagram No. 2.

C represents the right side-branch of the pessary. The left side-branch is like it. Both branches pass backwards on each side of cervix uteri; downwards along the sacrum, each branch being immediately under each utero-sacral ligament if the rectum is distended, thence forwards, resting on the soft parts on either side of the rectum, and terminate in front by uniting in a curve at D immediately opposite