me early to forsake the more routine practice of giving cod-liver oil and tonics. It must not be supposed that I have overlooked the beneficial effects of sea-air and a liberal diet on the London poor when removed to this salubrious climate; for the cases mentioned have been generally those in which the children had resided some short time by the sea-side. Amongst a large number of private cases annually coming under my care, I cannot call to mind a single instance in which tartarised antimony has been prescribed. From this circumstance I gather, too, that surgeons rarely resort to, or do not sufficiently appreciate its singular efficacy in certain cases of ophthalmia occurring in scrofulous subjects, in the adult as well as in the child.

POST-PARTUM HÆMORRHAGE.

We continue our extracts from Dr. J. L. Earle's able treatise on Post-Partum Hemorrhage, now publishing in the Medical Circular, for which his position as obstetric surgeon to the Queen's Hospital, Birmingham, so eminently qualifies him.

When a woman suffers from a cough during labour, it is the best plan to give her fifteen drops of Battley's solution of opium immediately on delivery, (unless there should be some symptom present contra-indicating its use) and to repeat the dose in half an hour if the cough be not relieved. I have noticed that if a patient suffers from a cough during labour, it is generally worse for two or three hours after delivery. The loss of blood is nearly always free in such cases, from the violent jerking and straining to which the cough gives rise. The cough, in the greater number of instances, is merely sympathetic: very little mucus is secreted, and although it is troublesome for a few hours after the termination of labour, it generally disappears altogether in a day or two.

Tightening the binder after the birth of a child, acts beneficially in stimulating the womb to contract upon the placenta, but should the former feel soft and flabby, we ought not to trust to the pressure of the binder. In such a case it is better to leave it unfastened, and to place the hand next to the skin over the fundus of the uterus. No kneading action should be used with the hand, because it may induce irregular contraction, or separate only a portion of the placenta, and bring on severe hæmorrhage. The pressure should be but a little more than the weight of the hand, and equally over as large a surface of the fundus as possible.

Slight and equable pressure on the uterus is as useful in the prevention of hæmorrhage, as strong pressure is in the treatment of flooding.

The delivery of the placenta is the most important and anxious part of a natural labour. Women regard that accoucheur the most skilful who brings the child into the world most quickly; whereas, if they knew better, they would judge his skill rather by the way he managed the delivery of the placenta than that of the child. Many women have had their cheeks blanched, their constitutions more or less injured, or have lost their lives, from mere want of care, on the part *of* the attendant, in the management of the delivery of the placenta.

The uterus after labour usually contracts with merely sufficient force to detach the placenta, partially or entirely, but not to expel it. While the placenta remains attached in its whole extent, the patient is safe from hæmorrhage; not so when it becomes detached: it then acts as a foreign body, and prevents the uterus from contracting to its minimum, which is Nature's great and chief means for arresting the flow of blood through the uterine vessels.

The placenta and membranes should always be well examined to see that they have come away perfect. If a large portion of the placenta is missing, or the membranes *are known* to be left behind, an attempt should be made to remove them at once, rather than allow the patient to run the risks of flooding and puerperal fever. In speaking of clots of blood he says:

Place the left hand next to the skin over the uterus, and while pressing the fundus down, pass the index finger of the right hand into the vagina, and remove any that are obstructing the os uteri. In removing the finger, I generally push on the posterior wall of the vagina, at the same time pressing the uterus outside, and telling the patient to bear down. By these means, if there should happen to be a clot *in utero*, it very often slips out. It is very important to remove any clots obstructing the os uteri, for a clot in that situation is in many cases a primary cause of post-partum hæmorrhage. As I stated before, it prevents the blood from flowing away from the uterus as fast as it is poured out, and the result is that the blood distends the uterus and coagulates in its cavity. Hæmorrhage is brought on by the clots preventing the uterus from contracting to its minimum. I know that some practitioners consider the presence of clots *in utero* as beneficial. How they can hold such an opinion, even after moderate experience, is to me perfectly incomprehensible.

Having found the uterus contracted, and any clots obstructing the os being removed, a pad, made by folding up two or three napkins, should be placed partly over and partly above the fundus of the uterus, and the binder again inued tightly. While the placenta was *in utero*, the bandage acted sufficiently alone as a stimulant, but not so when the placenta has been removed; the uterus is now small, and therefore, in order to apply direct pressure to that organ, it becomes necessary to add the pad. If, instead of finding the uterus contracted, it feel large and soft, the binder ought not to be tightened: as, in the case of an uncontracted uterus, there is no safeguard equal to the hand, which should be kept on the uterus until due contraction sets in, and then, and not until then, ought we to relinquish the pressure of the hand for that of the binder.

The medical attendant ought not to leave the house until an hour has elapsed since the delivery. If the patient should go on for an hour without flooding, with proper care there is not much likelihood of serious hæmorrhage occurring afterwards. A large number of cases might be, and are left a short time after delivery without any harm arising, but it is very unsafe to do so. Some of the most experienced writers on midwifery emphatically recommend this precaution. Gooch may be mentioned especially, as he took great interest in the subject of post-partum hæmorrhage. As Dr. Arthur Farre used to say, in his admirable lectures at King's College, "If you stay with your patient an hour after their delivery, you will very rarely be called back again: if you don't, you may lose a patient from flooding." I very nearly lost two cases in consequence of my having left soon after the delivery of the placenta.

When the patient has been confined an hour, and