

the bandage, poured cold water from a height on the womb and also used pressure and friction over it, and pressure on the abdominal aorta. All of no avail. I introduced my hand into the uterus without much trouble, found its walls rigid—hence an inertia—and the cavity partially filled with clots of blood, which with a waving motion of my hand I sent through the os. I could now feel a rivulet of blood, which on tracing to its source, I found proceeded from an opening at the upper part, through which I could barely introduce the points of my fingers. After careful dilatation combined with external support, I succeeded in introducing my hand into the second compartment, and was astonished to find it a comparatively narrow channel, extending apparently up to the epigastric region, and having its walls rigidly contracted. This irregular contraction could be distinguished on the external surface only by very careful examination. Continuing my hand upward, I came to the fundus, expecting to find some foreign substance the probable cause of the irregular hour-glass contraction, but was disappointed. On manipulating externally and internally to overcome the morbid contraction, I felt something give way. I fancied for a moment that I had done mischief, but very soon felt the fundus forcing my hand downwards, and soon after it was expelled with large clots, and from that moment the flow was readily kept in check by cold applications to the vulva. The patient in the meantime was unconscious and threatened with convulsions, but the brandy given soon revived her somewhat, although for hours she was hovering between time and eternity. I gave her repeated small doses of *pulvis opii*, which seemed to have a capital effect in allaying irritability and preventing excessive reaction. Convalescence was very rapid.

I have described this case at some length for the purpose of calling particular attention, first, to the advisability of always—in cases of post partum hæmorrhage—introducing the hand, and thus finding whether the cause is due to inertia, retention of after-birth, unequal contraction, deficiency of fibrinous element of blood, &c., &c., and, secondly, to the fact that some cases of unequal contraction and post partum hæmorrhage are caused by adhesions of womb to omentum or some other portion of abdominal contents, and till that is remedied by the breaking up of the adhesions, the uterus cannot normally contract and stop the