

perature, 99 deg. to 102 deg., until the eleventh day following operation, when I gave an intrauterine douche, removing some particles of debris. The temperature then dropped to normal and remained there. Sutures were all removed on the ninth day, the wound being perfectly healed, and on the sixteenth day the mother was up out of bed, and has been up daily ever since.

On the nineteenth day the history was discontinued, and at this date mother and baby are both well.

I am indebted to Drs. Walsh, K. MacKinnon, Suiner and Kilgour, who gave such splendid assistance at the operation, and to the nurses, for their excellent after-care of the *patients*.

NOTE.—The operation done is the one described and performed by Drs. Marcoe and Davis, Surgeons to the Lying-in Hospital, 2nd Avenue, New York, while the tube sectioning is the idea of Dr. Murdoch Cameron, of Glasgow.

ACUTE OR SPONTANEOUS HEMORRHAGES IN THE NEWLY-BORN.

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Two varieties of hemorrhage in newly-born babies are met with occasionally: 1st, traumatic, or accidental, due to external causes or injuries, such as forceps or long-continued pressure on the head in the pelvic canal; 2nd, spontaneous or acute hemorrhage, and not caused by any apparent injury during birth. The bleeding is, as far as can be seen, spontaneous or without cause.

It is only the latter hemorrhage to which I wish to draw your attention to-night.

Within the last ten years I have seen several cases in my own practice, and have the notes of other cases seen in the practice of my confreres.

The disease is characterized by hemorrhages from widely different parts of the body as: Umbilicus, bowels, stomach, bladder, the skin, cellular tissue, muscles; internal organs, as liver, spleen, suprarenal glands, etc. There may be one or several locations from which the blood comes. It may be merely an oozing, or there may be sufficient blood lost in the