

round ligaments which are now generally supposed to act as ropes to hold the fundus forwards, are unable to do so owing to their great relaxation or elongation during pregnancy, and as they become shortened again through the same process of involution as that by which the uterus becomes smaller, if involution of the latter is arrested so will it be with these ligaments.

If the uterus then gravitates into the hollow of the sacrum before involution has taken place, several things will happen. First, the round ligaments remain elongated and cease to act as stays for holding the uterus forwards. Second, the uterus is left in the position of a bottle with the mouth up, so that the abundant secretions are retained in the organ, or worse still, leak through the fallopian tubes into the peritoneal cavity. Third, the heavy fundus presses on the iliac veins and thus shuts off the outflow of blood from the uterus.

After a miscarriage the same thing may happen if the patient be ordered to remain on her back.

Now there is hardly any part of the body where drainage is more important than from the uterus, for if the secretions which leak through into the peritoneal cavity happen to be infected with poisonous microbes, as they too often are, then we shall have in addition to the subinvolution and retro-displacement, an active local peritonitis with effusion of plastic lymph (nature's method of limiting the extent of the damage), which binds down the tubes and ovaries in the new and faulty position in which it finds them, closes up the pavillions and even seals the uterus firmly to the sacrum, from which later on the gynecologist may have the greatest difficulty in detaching it. Moreover it is one of the qualities of organized plastic lymph to contract, and unfortunately in this locality the result of its contracting is to constrict the tubes so that they are not only no longer able to move freely to embrace the ripening egg on the ovary, but the circulation of the tube is so interfered with that it becomes congested and sensitive. Sometimes even the strangulation is so great that its watery or purulent contents are unable to escape, and then we have hydro- or pyo-salpinx, for which the only cure may be removal.

If the parturient woman were ordered to

remain on her face or on her sides as much as on her back, the uterus would occupy a position of ante flexion, which of itself is natural, the round ligaments would have the traction taken off them long enough to allow them to become shortened or involuted, the uterus would drain itself, and probably salpingitis and ovaritis, due to dirty confinements, would cease to occur.

The erroneous idea that a woman should remain motionless on her back for ten days after delivery probably had its origin in the endeavor to counteract the opposite error of getting up and working a day or two after, which civilized women cannot safely do. In a state of nature it is far different; the Indian woman fastening her child to her back and running after the tribe on the march, and in doing so bending forward so as to place the uterus in anteversion and thus secure perfect drainage.

Some years ago I called attention to the importance of allowing the newly delivered woman to sit up in bed while evacuating the bladder and bowels, because by so doing the clots in the vagina and the discharges in the uterus could gravitate outside, at least several times a day. Modern women I believe it is necessary to keep in the recumbent position for at least a week after delivery, but I think that it is still more important that they should not lie on their backs all that time, as by so doing they are exceedingly apt to contract retro displacements.

Selections.

IMMEDIATE SIGNS OF DEATH.

TRANSLATION OF A PAPER BY M. BROARDELL
IN THE GAZETTE DES HOSPITAUX.

A pathognomonic sign of death does not exist. It has also been claimed that a declaration of real death is an uncertain one. There is, indeed, a work in which it has been proved conclusively that Napoleon never existed! However a sum total of facts, uncertain when taken separately, may give in their totality an absolute proof. In typhoid fever, neither the headache, nor the epistaxis, nor the gurgling, nor the diarrhoea, constitute separately absolute symptoms; nevertheless it is from the simultaneous appearance of these signs that we unhesitatingly make the diagnosis of typhoid fever.