ing substance is within reach, attempts may be made to extract with delicate forceps, or with Gruening's magnet; but failing in this the eye should be removed at once as a prophylactic measure against sympathetic ophthalmia, of which we will now make a brief survey.

Dr. Carter says, in treating any case of injury to the eyeball, the first question to be asked one's self is: Does this menace the other eye with *sympathetic ophthalmia?* It must be remembered that a serious injury can never leave more than imperfect vision, and that sympathetic ophthalmia, although it can be prevented by enucleation, can seldom, if ever, be cured. When, therefore, there is any serious risk of its occurrence it is improper to seek to save the damaged eye at the probable cost of the loss of the sound one; and the patient should be told from the first that his only safety is in an enucleation. But as sympathetic irritation nearly always precedes actual inflammation an intelligent patient living within reach may be left to watch the course of events, after having been informed of the symptoms which usher in this affection, and instructed to report to the surgeon at once upon the slightest symptom of irritation, such as gritty sensations, weary or strained feeling, impairment of accommodation, etc. Again, wherever enucleation is unavoidable, then let it be done at once before inflammation sets in in the injured eye. Such conditions are, rupture of the eye-ball and disorganization of its contents, puncture by coarse instruments, lacerated wounds of the ciliary region, foreign bodies in the eye.

Concerning sympathetic ophthalmia, by far the most important measures refer to prevention. Once instituted, little can be done to check its course. Therefore it becomes the surgeon's duty to advise enucleation in all eyes which are at once useless and liable to light up these destructive inflammations, such as all eyes blind from diseases of the anterior segment of the globe, especially if tender in the ciliary region. Nettleship says, "that any lost eye in which there are signs of past iritis, especially if blind, should be removed. When an eye presents symptoms demanding enucleation ordinarily, yet possesses some degree of sight, much judgment is required in pronouncing its fate. Perhaps, in these cases, if the ciliary tenderness be not too great, it is best to wait for signs of sympathetic irritation in the fellow-eye—always keeping the eye under close surveillance, and, if possible, the patient in a darkened room. All such eyes should be closely watched, and when the peculiar ciliary sensitiveness, produced by pressure over the ciliary region through the closed lid (the patient being directed to look down), is quite marked, causing the patient to start suddenly on the slighest touch, then it is unsafe to defer the operation any longer. This symptom, then, must be constantly looked for, and, when found, immediately attended to. The risk of the delay outweighs any usefulness that the eye may possess.

The operation of enucleation is not difficult, and can and should be performed by any physician who values the happiness of a fellow-being. The details of the operation can be found in any book on ophthalmology. The importance of this subject cannot be over-estimated, and any physician should feel his attainments incomplete unless he feel competent to decide upon and act in emergencies such as I have described. If this paper attract a more thorough attention to these subjects, if it in any measure instruct, or if it supply a want within the scope of general medical literature, then its object will be attained and the writer content.—*Virginia Medical Monthly.*

TREATMENT OF POST-PARTUM HEMORRHAGE.

By J. J. Lamadrid, M D.

The management of post-partum hemorrhage is preventive and curative. The preventive measures are, to a certain extent, hygienic. Thus, if the woman is plethoric, and has bled profusely at former labors, mild saline cathartics and diuretics are indicated; at the same time she must be kept upon a low diet for some time previous to confinement. On the other hand if she is anæmic, some of the preparations of iron in combination with one of the bitter tonics, or mineral acids, must be administered. Also stimulants, plenty of good nourishing food and moderate out-door exercise, if the weather is pleasant. Prof. Penrose recommends that when the labor proves tedious it is to be hastened by the judicious use of the forceps. If it is too rapid the endeav or is made to render it slower by anæsthetics, etc.

It has been my rule in all cases to make firm, steady, gentle pressure externally over the fundus uteri immediately after the birth of the child. Generally the placenta is soon expelled, the womb readily contracts, and hemorrhage is thus prevented. If there is a tendency to undue relaxation of that organ after it once has contracted, the pressure with the hand is kept up without interruption and until there is no fear that the hemorrhage will recur. At the same time I have been accustomed, in all labors, to administer from half to a teaspoonful of Squibb's fluid extract of ergot as soon as the child is born, and another dose following the expulsion of the placenta, to stimulate tonic uterine contractions, and thus lessen the chances of coagula being retained in utero, and the possibility of any after hemorrhage, If the woman is subject to flooding, the ergot should be given just before the child is born, when the presentation is far advanced or pressing against the perineum. Ergot being occasionally uncertain in its action and requiring at least twenty minutes before it will act, in urgent cases I have used it hypodermically with speedier and more gratifying results. When the above means have not proved effective.