

and in 107 cases only six children survived. Treatment must be judicious. We may wait, watching our case to see what nature can do. Bearing in mind the great shock produced by dilatation and delivery, if we think our patient can stand it, we may allow more time for natural dilatation of the os. It has been stated (Tyhrsmith) "that owing to loss of blood there is no rigidity of the os uteri." I have not found it so. We must give close attention, with a view of assisting delivery before alarming symptoms set in. We know how little likelihood there is of saving the child; we must, therefore, bend our energies towards rescuing the mother from her perilous condition. There is no safety for the mother until after delivery; it must, therefore, be brought about speedily, whilst every effort is made at diminishing the bleeding. Dilatation of the os must be brought about by artificial means.

Rupture of the membranes is advised in a most dogmatic manner by a number of authors. Does such rupture meet the indications in any way? I think it does not! And when we consider how slight the experience of any one man can be, we may not be considered egotistical if we express our views against such men as Playfair, Barnes, Leishman, and many others of equal eminence. Rupture of the membranes cannot offer in itself any probability of checking and bleeding; in fact, it seems to me that it would offer increased facility for blood loss, whilst version, which is often demanded in the subsequent treatment, must be rendered more difficult by the evacuation of the liquor amnii.

How could rupture of the membranes tend to check hemorrhage? They answer, by reducing the bulk of the uterus, allowing it to contract, and so close the uterine sinuses. There is probably not a man in this room who has not seen a considerable amount of post-partum bleeding where the amount of contraction of the uterus, though not sufficient, was much more than we could expect to produce by rupture of the membranes, for we must bear in mind that, as a rule, the uterine contractions are not firm in these cases, but there is a striking absence of expulsive effort.

In my cases there was no diminution of the bleeding after rupture of membranes. I strongly

advise that the membranes be not disturbed until we are ready to proceed further. Produce dilatation either by manual effort or by Barnes' dilators. The latter method has the advantage of acting as a tampon whilst the dilatation is proceeding. After dilatation, it must be decided whether to use forceps or to turn. If the amount of liquor amnii is large and the child small, turning may be rapidly effected, and is the best plan. We must be ready with the forceps in case of delay in delivery of the after-coming head. If the amount of the liquor amnii is not great, and if the child is large, I prefer to apply the forceps as soon as dilatation has advanced sufficiently. During the entire time stimulants must be administered—ergot may have some effect, given either by the mouth or by hypodermic.

An anæsthetic is necessary in order to quiet the patient, and to reduce the shock of the sudden delivery.

The danger may not terminate with delivery. In a patient already exsanguined, what at another time would be a trifling blood loss would now add greatly to the gravity of the case. Copious intra-uterine injections of hot water, after having removed the placenta, may suffice. Equal parts of whiskey and water, or pure whiskey, injected freely into the uterine cavity usually control the bleeding; but the treatment after the delivery of the child resembles that of any other form of post-partum hemorrhage.

At the outset, it was my intention to take up unavoidable hemorrhage to-night also; but I feel that the time at my disposal has only enabled me to do scant justice to concealed puerperal accidental hemorrhage. I hope that our experience in such cases may be slight. Though it is an accident of extreme rarity, we require to be prepared for it in every way. Let me hope that the discussion may impress ready and efficient measures upon us.

A WORD FROM MR. MIKE ROBE.

Some call me a bacillus,
 A germ I'm known to some;
 I'm also dubbed spirillus,
 And eke cacterium.
 But I was a good Irishman—
 Till Patrick banished snakes;
 And since that time I've been Mike Robe,
 The Prince of Stomach Aches!

—N. Y. Recorder.