

freely into private practice. Like every thorough method of counteracting deadly agencies in the human organism, sublimate irrigation is not free from danger, and although it greatly reduces the death-rate and proportion of puerperal fever cases in long series of labors, some cases of mercurial poisoning will occur in those series, notwithstanding the most careful administration of the remedy. In this country Drs. Dakin and Boxall have published very minute observations on mercurialism under the above-noted conditions: they appeared in the *Transactions of the Obstetrical Society* for 1886 and 1888. Dr. Legrand read before the Anatomical Society of Paris, in April, a case of twin abortion, retained placenta, and death from acute mercurialism. Between the birth of the first and second child, 10 litres of a 1 in 2,000 solution of sublimate were employed to wash out the uterine cavity, twice at an interval of three hours only. Immediately after each injection of sublimate a 2 per cent. solution of boracic acid was thrown up into the uterine cavity; but sublimate had been several times employed for vaginal injection. After the extraction of the second child the boracic solution was injected into the uterine cavity. The intra-uterine injections were discontinued, and boracic and carbolic solutions were used for the vagina. A day later gingivitis, salivation, colic, and dysentery set in, and carried off the patient in five days. The kidneys were large, pale, and very cedematous; they contained mercurial salts in solution. The palate was ulcerated; the œsophagus, stomach, and small intestine healthy. The mucous membrane of the entire large intestine was covered with eschars and ulcers, most marked on the summits of rugæ. The ulcers began in the cæcum, were least abundant in the transverse colon, and most marked towards the anus. The above conditions have been noted in many other cases of death after sublimate irrigations in childbed. The kidneys were diseased. Keller, of Bern, has already pointed out the danger of mercurial irrigation when these organs are not healthy. The English authorities just quoted both dwell on this danger. Dr. Legrand relates that the ulcerated intestinal mucosa swarmed with bacteria. This fact, he adds, must make us despair of ensuring intestinal antiseptis by means of corrosive sublimate.—*Brit. Med. Jour.*

THE TREATMENT OF POST-PARTUM HEMORRHAGE.—The most frequent cause of bleeding after delivery is failure of the uterus to contract; Credé's method of expressing the placenta, the frequent use of the hot douche, of uterine massage, and ergot generally induce uterine contraction promptly and efficiently. There remain, however, cases in which an abnormality in the contraction of the uterine muscle results in failure to close the uterine sinuses; the means usually employed fail, and a prompt and radical procedure is demanded. An application directly to the interior of the uterus is usually sufficient in these cases. Such may be a hot intra-uterine douche of antiseptic fluid: the injection of vinegar; a bit of ice carried within the uterus, or reflex stimulation of the uterine muscle by the antisepticized hand carried to the fundus.

A more reliable procedure than these, and a permanent check to bleeding, is the use of iodoform gauze as a uterine tampon. Born and Eckerlein (*Centralblatt für Gynäkologie*, Nos. 25 and 26, 1886) report the most prompt and satisfactory results from this treatment. A strip of gauze four inches wide and two or three feet long is carried by the finger or a simple uterine applicator notched like an arrow, to the fundus; usually the presence of a single strip suffices, and the remainder is used to tampon the vagina moderately. Should more than a single length of gauze be easily admitted, the uterine cavity is moderately distended, and an additional strip is used for the vagina. In the absence of iodoform gauze any antiseptic material of similar dimensions may be employed. Such tampons may remain twenty-four or thirty-six hours in position, and may be renewed, with antiseptic douches, whenever required. Arterial bleeding from extensive laceration of the cervix may be promptly checked in this manner.

The value of the iodoform gauze tampon in bleeding from low attachment of the placenta has been clearly shown, and the treatment by this means is an established procedure. There is every reason to urge a similar adoption of the same efficient agent in treating post-partum hemorrhage.—*Med. News.*

THE SACRAL OPERATION IN GYNECOLOGY.—The new method of sacral extirpation of the uterus and uterine tumors is gaining ground in