back through the cervix until the fundus suddenly sprang back into its proper position.

Good contraction at once took place and was maintained. Not more than six or eight ounces of blood was lost throughout the case, and there was no shock, although the patient was not under an anesthetic at the time of inversion, nor during replacement. The puerperium was uneventful, as is shown by the accompanying chart; both fundus and temperature lines, as well as the pulse record, being satisfactory.

Traction upon the cord is the most frequent cause of inversion of the uterus, especially if the traction be applied very soon after the birth of the child, before the contraction and retraction of the uterine muscle has had time to adapt the organ to the new condition of affairs. In this case the traction upon the membranes by the advancing head was undoubtedly the starting-point, the downward traction of the placenta itself, the subsequent uterine contractions and the pressure of the external hand uniting to complete the inversion.

I have thought this case worth reporting because of the extreme rarity of the complete inversion, being the rarest of serious obstetric accidents. "Winkel had not seen a single case in 20,000 labors, nor had Braun one in 250,000. In 192,000 cases in the Rotunda, covering a period of nearly a century, only one case was reported." (Jewett.) "Beckman collected from literature 100 cases and found that 54 of them had occurred spontaneously." (Dorland.)

The mortality is variously stated at from 25 per cent. to 35 per cent.

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MILK AS A CAUSATIVE FACTOR IN TYPHOID.*

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Milk is undoubtedly one of the causes of typhoid fever epidemics. All of our standard text-books state that it is a carrier and excellent culture medium. The bacilli of the disease are transmitted to the milk in various ways: by cans washed in infected water, by attendants who are in attendance on typhoid