

*excellence* in post partum hemorrhage. I need scarcely tell you that I have long since departed from that instruction, and I mention it as a relic of the earlier days, when the profession had more confidence in the empirical effect of drugs than at the present time. We have also bimanual compression, compression of the aorta, the abdominal bandage and compress, compressing the uterus against the pubic symphysis and the faradic current, and, as a last resort, the uterine tampon, using for that purpose long strips of non-absorbent iodoform gauze (prepared by impregnating it with gutta-percha), remove tampon in from twelve to twenty-four hours. When the hemorrhage is persistent and severe, the blood coming from degenerated vessels in the site of the placenta, it may be necessary to adopt Kock's method, viz., to invert the uterus as soon after the birth of the child as possible, and apply an elastic ligature about the cervix. After six hours remove the elastic band and replace uterus. Hemorrhage, due to lacerated wounds in the genital tract, is best controlled by suture or ligature, or by a gauze tampon.

*Prophylaxis.*—For the prevention of post partum hemorrhage be careful not to deliver too quickly, but hasten a prolonged labour. Avoid the use of chloroform, particularly if there has been a history of previous hemorrhage. In these cases it is recommended by some writers to give a dose of ergot when the head is pressing on the perineum, and to be in no haste to deliver the body of the child. Carefully guard the uterus by external pressure during the period of delivery. If there is delay in expulsion of placenta, and we fear uterine inertia, the intra-uterine injections of warm antiseptic solutions will have the effect of inducing uterine contractions.

*Treatment of After Condition.*—Having succeeded in arresting the flow of blood, we must now resort to means to compensate for that loss, and for this purpose we have transfusion and auto-transfusion, also subcutaneous and intravenous infusion of sterilized solution of chloride of sodium, normal saline solution.

Transfusion, for different reasons, is scarcely ever employed. Auto-infusion, by bandaging the limbs, preferably with flannel bandages, thereby forcing the great mass of blood toward the heart and brain, should always be employed. The subcutaneous