better deodorants than any detergent vaginal injections. By equalizing the circulation and by increasing its force, they also tend to lessen the passive congestion of the womb as a whole, the engorgement of the placental site, and especially that blood-stasis kept up by the dorsal decubitus in its now thickened posterior wall, which is, in my opinion, a very common cause of posterior displacements.

The prolonged use of the obstetric binder is another factor in the production of female complaints. The binder may be used for the first four-and-twenty or forty-eight hours after labor; for it fills up the void left by the emptying of the womb; it gives a grateful feeling of support; it hinders the occurrence of a concealed hemorrhage, and presents a bar to the ingress of air into the uterine cavity. But when kept on simply for the purpose of preserving the shape, by p ralyzing those abdominal muscles which it is intended to strengthen, it not only defeats the object so dear to the heart of every woman, but it weakens the retentive power of the abdomen. It also does harm by crowding the intestines upon the womb down into the pelvic cavity. Again, by forcing backward upon the vena cava and upon the pelvic veins so hard a body as the womb, making it, in fact, the pad of a tourniquet, it impedes the freedom of the circulation in that organ, and greatly impairs the process of involution. Pharaoh could have devised no surer way of overcoming the fruitful health of his Hebrew subjects, than by an edict enforcing the prolonged use of a tight obstetric binder.

The lochia must be watched. If, in the third week after delivery, they still linger on, the inference may safely be made either that the cervix is the seat of unhealed lacerations, or that the process of involution is interrupted; or that both conditions may coexist, for the former usually determines the latter. Astringent vaginal injections or suppositories will now prove to be important therapeutic agents. To this local treatment may be added a constitutional one of iron and quinia, the former according to previously given formulas, the latter in suitable doses, amounting in the twenty-four hours to from eight to twelve grains. Apart from its undisputed tonic properties, quinia firmly constringes uterine fibre, and, therefore, greatly aids the process of involution. Ergot and strychnia are also useful remedies to fall back on; wine or beer must not be forgotten. If, after the puerperal month, pains in the back, leucorrhœa, and other well-known symptoms indicate the presence of some uterine disorder, it is evident that involution has been retarded. The speculum must then be used, and the usual uterine applications made, beginning with the milder ones, for now, if ever, is the time by such means to treat the condition of subinvolution, or to cure other puerperal lesions. If a patient has previously suffered from uterine disease, she should, after delivery, be at once put on a treatment of ergot and quinia. By shortening the excursions of uterine fibres in their alternate contractions and relaxations, these medicines proportionately lessen the diastolic engorgement of the womb. I am not sure but Credé's method of placental delivery, by supra-public expression, acts in an analogous manner. It certainly empties the womb of all clots and squeezes it down to its minimum capacity. Such a patient also needs the timely aid of the forceps. For it prevents that laxness of uterine fibre following a long and weary labour, and hence provokes a more complete involution. But for that matter, no lying-in woman should be allowed to linger on in the expulsive stage of labour, when her physician possesses the requisite skill to shorten it.

TREATMENT OF PUERPERAL CONVULSIONS.

Dr. T. Moore Madden read before the Dublin Obstetrical Society (*Irish Hosp. Gaz.*, June 1, 1874) an elaborate paper on the etiology, prevention, and treatment of puerperal convulsions.

The treatment of puerperal convulsions, Dr. Madden said, must be considered in reference to the state of the patient in each case. Preventive treatment, in relieving the kidneys (cupping over loins, diluents, mild diuretics, especially colchicum), purifying the blood (saline aperients and diaphoretics), and soothing nervous irritability (bromide of potassium and belladonna), was most important. Cold affusion, a remedy recommended by Valescus in 1482, was stated to be one of the most effectual means of shortening the paroxysms. Venesection was of undoubted efficacy, and chloroform, although perhaps overrated, of unquestionable value in some cases. Chloral, opium, belladonna, and veratrum viride, as therapeutic agents in puerperal convulsions, were passed in review; but, it was pointed out that, the primary object in every case should be to deliver the patient as speedily as is consistent with her safety and with that of the child; and in those rare cases in which delivery cannot be effected by ordinary means, Dr. Moore Madden mentioned incision of the os; only, however, as the *ultima spes*. The paper concluded with a detailed report of eight cases of puerperal convulsions, four of which recovered, and four died.

In one of the latter, Dr. Madden had freely incised the os, and delivered the patient of a dead child.

In closing the debate which followed the reading of the paper, the President, Dr. Evory Kennedy, said that no matter how divergent the theories of the speakers might be as to the cause of the disease, he was gratified to find that there was unanimity as to the necessity of bleeding, a mode of treatment, as confirmed by experience, necessary to save human life. He, the President, in his lengthened experience, had never regretted having bled in a single case of convulsions. Chloroform he considered to be a valuable means for lessening irritability, and in allowing the treatment to be carried on at the same time. Dr. Madden's practice he considered sound, with the