

remedies are at hand; likewise iodoform gauze, antiseptics, and a plentiful supply of hot and cold water. The indications for treatment are first to control the hemorrhage and excite uterine contractions, and, secondly, to treat the after condition. To accomplish the former we first lower the patient's head by removing the pillow and bolster and raise the foot of the bed. While this is being done by the nurse, or other assistant, the obstetrician must grasp the uterus and by pressure and friction endeavour to excite uterine contraction. The introduction of one hand into the uterus may be necessary to remove any retained placenta, membrane or coagula. Of course it is important to remember that before invading the uterus the genital tract must be thoroughly sterilized. This can be done with hot water, to which we have added carbolic acid, creolin, or other antiseptic, the hot water of itself being a valuable agent in controlling the hemorrhage by stimulating the uterus to contraction. The hand and forearm must also be disinfected. This precaution is especially necessary if there be a partially free placenta to detach, the hand by its contact with the uterine wall tending to induce contraction of the organ, and it is better to allow the hand and contents to be expelled by uterine contraction rather than withdrawn. In the meantime ergot may be used hypodermatically with the hope of stimulating the uterus to contract. If there be much exhaustion hypodermic injections of ether, ice to the abdomen, and the introduction of a lump of ice into the uterus has been recommended, but the intrauterine douche of hot water, at a temperature of 112-116 deg. is, in my opinion, preferable, and in a majority of cases will effectually check the hemorrhage. Vinegar, and in its absence turpentine or whiskey, is also recommended. A pocket handkerchief saturated with vinegar or a peeled lemon may be passed into the uterus. These agents coming in contact with the uterine walls stimulate them to contraction. Some use a solution of the perchloride of iron, but before using this the uterus must be empty of placenta, blood and clots, and compression kept up while using it. But the intrauterine application of stiptics is not generally recommended. I can very well remember the instructions I received when a student, that acetate of lead in dram doses was *the remedy par*