

bearing upon the view I have here to put forth, and, as far as they go, tending to confirm its truth. At p. 271 of his Introduction to Midwifery (5th edit.), the admirable Denman says:—The uncoloured mucous discharge from the vagina, which pretty generally occurs before labour, on its accession is usually tinged with blood, or a small quantity of pure blood is discharged. This sanguineous discharge, which varies in quantity and appearance in different women, is popularly called a *Show*; and it happens more particularly at two periods of a labour,—when the os uteri *begins* to dilate and when it is finally dilated. In the first instance, it is probably occasioned by the separation of a few of those vessels by which the membrane which connects the ovum to the uterus was originally bound; and in the second case, by the effusion of some blood before *extracted in the substance of the os uteri; for this part, in some cases, acquires an uncommon thickness from that cause, independent of any œdematous or inflammatory tumefaction.*” And Dr. Burns observes, at p. 460 of his Principles of Midwifery (9th edit.):—“In tedious labour the os uteri, and even the cervix, sometimes becomes swelled, as if blood were effused into the substance.” Where such a condition is recognized during labour, we shall show our wisdom by interfering as little as possible with it; by abstaining from attempts to get the gorged lip of the os over or past the head; and when the head does descend, and is expelled, we should be more than usually slow to withdraw the body of the child, more than usually careful to secure complete uterine contraction, and more than usually watchful of the state of our patient after all is over; although we must, at the same time, acknowledge the painful truth, that, with all the care and caution that the most anxious circum-spection can prompt to the adoption of, an accident of this kind may take place under circumstances of which we have no intimation, until alarmed by the urgent danger of our patient, or struck aghast by her unexpected and untimely death.

[Dr. Montgomery would feel obliged by the communication of any fact bearing on the subject of this paper, whether confirmatory or otherwise.]—*The Dublin Medical News.*

#### COMPRESSION OF THE AORTA IN UTERINE HÆMORRHAGE

The French obstetricians put great faith in the compression of the aorta in uterine hæmorrhage. M. Vial advises, however, not only to compress the aorta whilst the blood is being lost, but to continue the pressure for several hours, even when the hæmorrhage has ceased, with the view of preventing syncope; the latter being often mortal, and always following abundant uterine hæmorrhage. M. Vial thus endeavours to keep the blood in the upper part of the trunk, and to forestall its reaching the parts beneath, as well as the lower extremities. If this pressure *can be borne* for the time mentioned, it should certainly be tried in desperate cases.

M. Chailly, candidate for a seat in the Academy of Medicine of Paris, in the obstetric section, lately read a memoir on the above-mentioned hæmostatic measure. The author mentions eighteen cases of hæmorrhage after delivery: in these, pressure on the aorta arrested the blood seventeen times, for a period of a varying duration, which, however, allowed in each case other means, as ergot of rye, ice, &c. to be used, and to act beneficially. The pressure failed in an anæmic patient, though she lost but very little blood after the application of pressure.—*The Philadelphia Medical News.*