killed by pressure on the cord. In the case quoted above the cord had been prolapsed for ten hours, and was swollen and pulseless when the patient entered the hospital. In the other, a primipara, the membranes ruptured before the matron had examined her, and the cord came down with the gush of the waters. Fully an hour had elapsed before we saw her, and by that time all pulsation had ceased in the cord.

Hemorrhage occurred in *six cases;* or in the proportion of 1 in 166. All the mothers were saved. The treatment consisted in strong grasping pressure on the fundus uteri; the sudden application of cold to the hypogastrium and sacrum; the introduction of pieces of ice into the vagina; and, in two cases, the introduction of the hand into the uterus. Ergot of rye was also given when the patient was not much depressed. The hypodermic injection of ergotine has not been tried, as we have not had a labour complicated with hemorrhage since this mode of administering this oxytoxic has been introduced into practice. Neither have we considered it necessary to employ astringent injections into the cavity of the womb. The comparative immunity of labours in this hospital from the accident of post-partum hemorrhage is no doubt partly due to the care with which the uterus is attended to during the expulsion of the body and limbs of the child, and the subsequent separation of the placenta. The rule laid down for the attending students is :—To support the fundus during the contractions which expel the body of the child; to carefully avoid making any attempt to extract the limbs if they should not be expelled at the same time as the body; to make the nurse keep up the pressure on the fundus while he attends to the separation and removal of the child; to relieve the nurse after he has done so, and wait patiently until the uterus has resumed its action; to make firm pressure when he feels the womb contract strongly, and if the placenta be not then expelled, to use no force, but wait for another contraction and assist in the same way, continuing this until the after-birth comes away; and lastly, *not to touch the cord* unless from the circumstances of the case he has reason to suspect morbid adhesion of the placenta, in which event the physician accoucheur is