in position until the accoucheur has given the necessary attentions to the child. Let him then, during the first contraction that occurs after the escape of the infant, "embrace the fundus and the superior part of the anterior wall of the uterus with the entire right hand placed transversely; then press downward and backward, assisting, if necessary, with the left hand. Under this pressure the placenta and membranes are detached, then engage in the uterine orifice—sometimes even escape suddenly from the vagina, just as a cherry-seed escapes when the cherry is pressed between the thumb and finger." The advantages of this method are an early expulsion of the placenta, with no probability of retention occurring at any time; a firm contraction of the uterus is ensured, and thus hæmorrhage and the entrance of air prevented.

Dr. G. Chantreuil reports five hundred and forty cases in which this method was adopted, and not a single case of hæmorrhage or placental retention occurred. In five hundred and eleven of these, the placenta was removed within six minutes, and in more than one-half within three minutes, after the birth of the child (Am. Jour. Obst., Aug., 1871).

Professor Parvin, who has published an interesting paper on this subject, says: "Since pursuing essentially the practice advised by Crede, I have not had a single case of hæmorrhage, nor have I had a single case in which the placenta was not delivered within, at the most, ten minutes after the birth of the child" (*Am. Practitioner*, Sept., 1871).

5th. After the placenta is expelled in this way, let an assistant grasp the uterus, and thus keep it contracted until the bandage is applied. If this is not done, and coagula collect, let them be carefully removed, and also *all* of the placenta and membranes.

The womb should be firmly contracted before the bandage is applied; and all will agree that it is wise to remain with the patient at least one hour after the birth of the child. Yet these rules, especially the last, are often neglected, and many physicians can recall cases of violent, if not fatal, hæmorrhage as a consequence.

6th. Many eminent physicians, especially among the French, have adopted the practice of invariably administering a good dose of ergot immediately after the child is born. We are inclined to regard the practice a good one, and particularly with multiparæ.

7th. We are decidedly in favor of the bandage, and believe the reasons generally given for its use are sufficient, while the objections, when it is properly applied, amount to *nil*.

8th. We are likewise a believer in the practice which restricts the patient to low diet for a few days, because of the peculiar excitability of the system at this time, and the predisposition to violent reaction. Cases, of course, occur in which it is wise to depart from this practice.

9th. Symptoms of shock, syncope, hæmorrhage, etc., must be met with appropriate remedies as they arise.

10th. See that all causes of excitement and mental disturbance are carefully avoided, and keep the patient in the recumbent position for at least two weeks. Hodge advises that she pass the greater part of a month in this position, and we believe the advice good. Churchill says that "far more mischief results from premature exertion than from all errors in diet added together.

Because a large majority of women pass through their confinement without any unlooked-for difficulty, and convalesce without disease or accident, and because very many women of the laboring classes, after being delivered, perhaps, by some ignorant old woman, are permitted to be out of bed, on the fourth or fifth *day*, and are even sometimes at the wash-tub, or other laborious employment, within the ten days which the more refined puerpera is expected to pass strictly in the recumbent position, and all this without any apparent * impairment of health — because of these things, we are apt to become careless, leaving our newly delivered patient too much to her own will, instead of giving her proper caution and instruction, by heeding which a life of torment, or even death itself, may be prevented.

We would urge, then, that the physician should, in all cases, give full and explicit directions for the care of his patient, and insist on these being carried out fully, seeing to it that the nurse shall be the *servant*, and not the *mistress*. Nor is it easy to sufficiently impress the puerperal patient with the danger of premature exertion, since serious accidents are comparatively rare. Women do not like to lie in bed when they feel that they are not sick; but it should be insisted upon, since it is much better that ninety and nine should submit to this inconvenience, and reap the benefit of it, than that one should perish from want of proper care.

A few words as to the *treatment of cases in which air has entered the veins*, and we have done.

1st. Remove clots or other obstruction at the mouth of the womb which may prevent the free exit of any pent-up air. Resort to pressure, and any other proper means that may be necessary to bring about a firm contraction of the uterus.

2d. Resort to artificial respiration, which by keeping up the action of the heart, may lead to the propulsion of the spumous blood through the capillaries. Electrization of the phrenic nerve has also been used.

3d. Always keep the patient in the recumbent position, which promotes the flow of arterial blood to the brain. Pressure upon the abdominal aorto, or iliacs, and upon the axillary arteries, has also been recommended for this purpose.

4th. Opening the right jugular vein is also recommended by surgical writers, in the hope of directly relieving the right side of the heart of an excess of venous blood.

5th. In addition to these means, brandy, diffusible stimulants, and all the remedies usually administered in syncope, are generally appropriate.

Preventive Measures.—Deliver the patient on her back. Give a good dose of ergot as soon as the child

(*) But *only* "apparent," since uterine diseases and displacements are quite common among laboring women.