

of local cyanosis and local syncope; hard swellings of a few hours' duration, which appeared without obvious cause on the feet, and did not pit on pressure; temporary, irregular, painful red patches on the soles of the feet. In the machinist the lines of factitious urticaria did not last so long as in the officer, but sometimes persisted as long as twenty hours. Féré and Lamy have already shown that the application of the cathode in electrical treatment may produce vasomotor phenomena resembling the dermatographism produced by mechanical irritation. Barthélemy considers factitious urticaria to be exceptional if the stripes remain as long as eight to twenty-four hours, and he quotes Cornu's case, where they lasted two days; but a duration of six days, as in Bettmann's present case, has previously never been recorded.—*British Medical Journal*.

POST-PARTUM HEMORRHAGE.

E. S. Bishop (*The Lancet*) gives a vivid picture of this terrible accident, and lays down some very definite rules for treatment. This consists of two main procedures. First, the foot of the bed should be elevated to an angle of from 45 to 50 degrees with the floor, or we should immediately place the patient in the Trendelenburg position. Mere simple elevation of the foot of the bed is useless. By means of the manœuvre described, the venous bleeding is greatly checked. Second, external compression of the aorta should be made by applying the closed fist with its ulnar surface resting upon the aorta as it lies over the left side of the vertebral column, and just sufficient pressure should be exerted obliquely backward and toward the right as to compress the vessel against the unyielding surface beneath, *i.e.*, the spine. In this way five-sixths of the blood supply to the uterus is shut off; the remaining sixth, that which comes through the ovarian arteries, is sufficient to maintain the integrity of the uterine fibres. Enough blood will be sent to the organ to preserve its vitality, assist in the formation of small plugs in the open arterial mouths, vivify and strengthen the muscular tone, which temporarily is at too low an ebb, so that when once more the full force of the blood-current is allowed to bear upon them, the vessels shall be found closed by clot and constricted by the now firmly contracting fibres around. Pressure, as advised, should be kept up till the pulsation under the fist (at first very weak) is felt to be full and strong, and then the pressure should be very gradually lessened. During the existence of compression we can clean out the uterus, transfuse, sew up a split perineum, etc. The hemostatic measures just named are useless