

tion, and suction made by a vacuum bottle and syringe to withdraw some of the contents. With a gravity can an injection is then made of a solution of granular sodium sulphite, about four to six grams to a litre. This solution precipitates itself through the intestines and appears at the anus in thirty minutes. Good results have been obtained.

Chronic Intestinal Stasis.—W. A. Bastedo (*J. A. M. A.*) thus sums up the treatment of chronic intestinal stasis: Regularity of defecation, measures to improve intra-abdominal pressure, measures to increase peristaltic activity, and measures to increase the bulk and softness of the colon contents. In the average case attention to the habits of life and to the amount and kind of food, and the administration of a softening agent or a very mild laxative will be effective in overcoming the stasis, and, therefore, the toxemia. In severe cases, the addition of an oil enema at night may work a marvellous change for the better. In these chronic cases the drastic cathartics should be omitted from use. If measures such as those spoken of, when carried out thoroughly, do not overcome the stasis and the toxemia, the question of surgery should be seriously considered.

Retrodisplacements of Uterus.—A. Flint, Jr. (*Am. Jour. Obs. and Dis. Women and Children*) advises treatment to be begun at once when retrodisplacements occur. The results are universally good when the uterus, ligaments, vagina and pelvic floors are still subinvolved, that is, if the condition did not exist prior to pregnancy. Occurring between the second and third week of the puerperium, the treatment should be hot douches, the internal administration of ergot, and the knee-chest posture. Between the fourth and sixth weeks, in addition, tampons of glycerotannin should be used every third or fourth day. Before the end of the sixth week a pessary should not be used. Should the displacement recur and the uterus be larger than normal, a round elastic ring pessary will hold the uterus up comfortably. This should be changed in three or four weeks to the ordinary hard-rubber retroversion pessary. During the wearing of a pessary the patient should assume the knee-chest position for five minutes twice a day, douching once a day.