was imperceptible. The placenta had not come away. Two pints of hot saline solution were injected into the rectum. In a few minutes the pulse returned. The placenta was removed under chloroform anesthesia.

We have published another article on the value of saline injections in severe hemorrhages and in puerperal convulsions. Intravenous or subcutaneous injection is usually recommended. But it has always seemed to us that for the emergencies of general practice rectal injection was far the best method. No special instruments are required. The theoretical advantage that intravenous injection acts more rapidly than rectal is more than neutralized by the greater time required in preparing for and performing the former operation.—*Med. and Surg. Review of Reviews.*

[I have for the last four years been much pleased with the results of the administration of hot saline enemata in cases of severe hemorrhage and puerperal eclampsia, and have often wondered why so many surgeons apparently ignore this simple, safe, and generally satisfactory procedure, and prefer the very serious operation of intra-venous injection. My rule is to commence with the saline enemata; if they fail, I try subcutaneous injections; last of all, in desperate cases where the other methods have failed I recommend the intra-venous injections.—A. H. W.]

A New Device for the Arrest of Post-Partum Hemorrhage.

Arndt (*Münchener Med. Wochenschrift*, No. 43, 1898, p. 1390) proposes a new treatment for atonic uterine hemorrhage. Though deaths from post-partum flooding are not so common as formerly, now that the manual expression of the placenta has been limited to suitable cases, Dührssen's statement that in Prussia alone there is probably one death a day from this cause, shows the need of a reliable method of treatment. Dührssen's tamponade is valuable, but is not without danger.

Arndt's treatment consists in seizing the flaccid lips of the os with one or two bullet-forceps, and forcibly but slowly drawing the uterus downwards as far as possible. This is repeated three or four times, until all hemorrhage has ceased and the uterus is firmly contracted.

This mechanical device acts, firstly, by rendering the uterus anemic. This has long been known to operating gynecologists. Winter, Hegar, and others have proved that pan-hysterectomy, of even the gravid uterus, for cancer can be performed without danger from hemorrhage if this precaution is taken. Secondly, it not only arrests bleeding at once, but stimulates the uterus to contract, and prevents its further relaxation; partly by the irritation of the automatic ganglia in the middle layer of the