case III; while cases I, III and V presented the usual menstrual disorders indicative of the severe types of uterine and ovarian displacements, and were upwards of ten years' standing: Cases IV and VII were of more recent date, being respectively one, three and five years' duration, but pain was a prominent symptom in both, and had resisted careful and persistent treatment. Case VI, of fifteen years' standing, had very naturally tired of routine local treatment, and, having personally observed the benefit accruing in other cases, earnestly requested the operation. Case II was the only one in which adhesions were any material obstacle to the restoration of the uterus to its normal position, though they existed in a minor degree in cases I, V and VII. As before stated, pessaries had been formerly tried in six of the seven cases but in each of those of ovarian complications they were a source of too great irritation to be tolerated, and in the remaining two had resulted in no appreciable benefit.

This operation has now been done many hundred of times and I believe with sufficient benefit to warrant its being placed on the permanent list of gynecological operations. Retroversion, as I have pointed out in several previous reports, is due to relaxation of the round ligaments. Most often this relaxation is due to subinvolution after delivery in women who are kept on their backs for a week or more, during which time the heavy uterus falls by gravity back on to the sacrum. Once the uterus gets there, everything is against its coming forwards again. These cases of retroversion ought never to happen, and they certainly would not if we instructed our patients to discard popular superstition and turn on their side and face and even to sit up on a night chair to pass water and defecate. I believe that faradization of these round muscles by placing one pole on the inguinal canal and the other under the muscle in the vaginal roof may yet do away with the necessity for an operation at all. The patient may besides do a great deal for herself by assuming the knee chest position several times a day for a few minutes, and by acquiring the habit of sleeping on her face.

The Care of the Lying-in Woman.—Dr. Rutherford of Burlington, Vermont, has a sensible and very practical paper on this subject, in the *American Journal of Obstetrics*. Although I have already called attention to many of the principles he lays down, they cannot be brought to the attention of the profession too often. He sums up his paper as follows: 1. Keep the woman clean, locally and generally. 2. Give her all the nourishing food she can digest. 3. Keep her bowels open. 4. Give her plenty of fresh air. 5. See that she sits up to empty the bladder and rectum, and to nurse the child. 6. See that the uterus is in its normal position. 7. Never allow a woman to get up from child-bed with a retroverted uterus.

The Treatment of Acute Anaemia by Infusion, is the title of a paper by Dr. Bayard Homes of Chicago, in which the author strongly advocates the subcutaneous injection of a boiled and filtered solution of common salt containing six drachms to the gallon of water. From a quart to a gallon of this is injected under the skin of the back near the angle of the scapula by means of the Allan surgical pump or even with a fountain syringe at a sufficient height to give the necessary pressure. Although this does not actually replace the blood, it increases the volume of it so that the pressure of the blood in the aorta is increased, and thereby the coronary arteries receive enough blood, albeit of a poor quality, to keep the muscular organ contracting. Arterial pressure is the secret of the heart's blood supply, for it must be remembered that the heart is not allowed to drink one drop of the immense quantities of blood rushing through it; it can only get it through the coronary arteries. This is clearly proved by the agony of exhaustion evinced by the heart when its blood supply