of presentation is effected. This having been ascertained by internal examination, the woman keeps on her left side, and a small hard pillow is to be placed just underneath that portion of the abdomen, where the fœtal head was at first situated. If, after a number of pains, the head is found to have retaken its former situation, the manipulations must be repeated, and, after turning has been again effected, it is advisable to rupture the membranes, in order to keep the head from returning from where it was formerly imbedded. In some cases it is necessary to repeat these manipulations three or four times before the head becomes firmly engaged in the upper strait; but, should the operator not have succeeded before the waters are discharged, it is not safe, or of any use, to persevere."—*New York Journal of Medicine.*

CASE OF REDUCTION OF AN INVERTED UTERUS.

Dr. Irvin relates the case of a woman who, after being in labour for about six hours with her eleventh child, and having a very roomy pelvis, was then delivered after two or three uterine contractions, which also inverted the uterus with the placenta attached. The cord being very short, the weight of the child dragged the uterus between the thighs nearly as far as the knees. The cord was divided, and several unsuccessful attempts were made to reduce the organ with the placenta still attached to it. The hæmorrhage becoming very alarming, the author following Dr. Meig's injunctions, separated the placenta, and it greatly diminished. "Placing my right hand under the uterus, and supporting it in a line with the axis of the pelvis with my left, I pressed the tips of my fingers firmly against the fundus, and pushed it upwards. After a little while the tumour softened, and I found that I had indented the fundus, the pressure being continued until my fingers were arrested by the contracted os, which yielded in about a minute. I then carried my hand upward in the pelvic axis, and when I had introduced my arm half-way to the elbow, the fundus suddenly shot away from my hand, and the organ resumed its natural position." The case did very well.—*North American Medico-Chirurgical Review.*

ON TRANSFUSION IN PUERPERAL HEMORRHAGES.

By Dr. Edouard Martin, Professor of Obstetrics, &c., &c.

In September 1825, James Blundell performed the first successful operation of transfusion on a woman dying from postpartum hemorrhage. Since then, transfusion has been performed fifty-seven times in obstetrical practice, with forty-five recoveries, under circumstances in which the most experienced physicians could not but pronounce death inevitably at hand; while even, in most of the remaining twelve cases, the fatal issue was brought about by diseases and occurrences which had no connection whatever with the operation. Whether the transfused blood acts by *restitution*, as absolutely supplying the lost blood, or by *stimulation* of the walls of the vessels, and especially the heart, so that its activity is prolonged until the lost quantity of blood is otherwise reproduced, has been the subject of much contention. The truth seems to be, that the two *modi operandi* co-exist—the latter, *i. e.* the stimulation, being the most important. It has also been proved that the corpuscles of the blood are the proper restorators, while the serum assists their action very much.

The dangers of transfusion have been greatly exaggerated. That death results from injecting blood corpuscles of a different form or size than those in the species to which the subject of the operation belongs, needs no consideration here, since only human blood is to be transfused in exsanguious puerpera. Altogether, faulty methods of operating, selecting the blood of greatly excited or otherwise abnormally affected individuals