

possible above the fundus of the uterus. The patient was then removed to a dry bed the pelvis elevated by pillows. She did not turn her pale face to the wall and pass to that bourne, &c., as did a somewhat similar case not long ago reported in the JOURNAL, but made a very good recovery. It seems strange that no author as far as I know, on post partum hæmorrhage even hints at compression of the aorta. I can fancy no means more efficient for directly effecting the end in view, and feel assured that though never spoken of, it must be very generally adopted. It is as readily accomplished after the birth of a child as though nothing more than the skin intervened, and, doubtless, would save many lives lost in attempting to stop hæmorrhage by efforts limited to the uterus only. One hand ought to be employed in or on the uterus, the other on the aorta, occasional jets of blood being allowed to stimulate contraction.

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*Case of Compound Dislocation of the Ankle-joint, with Comminution of the Fibula.*

On July 21, 1869, I was called a distance of nine miles to see a woman who had fallen from a ladder. I found the patient a young married woman, aged 36, stretched on a bed, protesting vigorously against the efforts of a monocular bone-setter who had been tugging at her for an hour or so. I found the left tibia projecting through a large aperture in the soft parts, its malleolar process broken close off and lying against the foot, which was everted and displaced to a great extent; the fibula was broken two or three inches above the ankle-joint. Chloroform having effected complete relaxation reduction was easily effected after flexing the leg on the thigh, and the patient was placed in bed, after the application of a side splint, the knee flexed. The antiseptic treatment was adopted, but set at nought by the patient after a few days, the application being found, at the second dressing, displaced by the end of the tibia. The case then took its course, as might be expected suppuration taking place round about, if not in the joint, and an abscess forming in the middle third of the tibia. Permanganate lotion was freely used and healthy granulation soon appeared. At the sixth week the flexed knee position became very irksome, and a straight back splint, with foot-piece, was adjusted. Partial luxation again took place, consequent on the the patient's uneasiness on a warm, close night, so the flexed position and side-splint were resorted to again. All went well, and at the third month the patient was removed from bed with the wound healed, a sinus or two excepted. From these a few considerable speculæ came away, and an abscess which formed over the