

through the skin after ligation of the upper arm, a vein is exposed, and two ligatures passed under the free portion; the distal end is tied, a longitudinal incision is made in the vein, and a glass cannula introduced, filled with saline solution, which is then fastened by means of the second ligature. This, and the pressure of the finger on the vessel, prevent the air from entering the veins. The cannula is then connected, by tubing, with the jar containing the whole quantity of the solution. Directly the finger is removed, the injection begins. No ill effects are seen. Dr. Weber relates an instance in which this method was most valuable. He was called by a midwife to a married woman, aged 21, who was seized with post partum hemorrhage fifteen minutes after the birth of a putrid child. Dr. Weber arrived at 10.30 P.M., an hour after the hemorrhage had commenced. He found the uterus atonic, reaching to the umbilicus. Massage, hot injections, and hypodermic injections of camphor and ether were used, with some effect. The hemorrhage returning, he was called at 3 A.M., and after hot douches and ice-tampons, it again decreased; but cerebral anæmia appearing to an alarming extent, and the pulse being imperceptible, hot compresses were placed on the head, the lower extremities bandaged, and hypodermic injections administered every quarter of an hour. These proving unavailing, it was decided to try an intravenous saline injection. This was successfully administered; and, when 500 grammes had been given, hemorrhage ceased, and the patient, who had been conscious the whole time, experienced great relief. The pulse, too, became distinct. On 1,000 grammes being injected, the patient complained of palpitation, and the jar was lowered in order to lessen the pressure on the circulation. When 1,500 grammes had been injected, the pulse was perfectly good, and the cerebral and hemorrhagic symptoms disappeared. The patient felt completely invigorated, and took nourishment without vomiting. She continued to do well, and made an excellent recovery.

INVERSION OF THE UTERUS.

MR. WILLIAM DONOVAN (Erdington) writes:—The precept, strongly enforced on students of midwifery, "to follow down the uterus with the hand as it empties itself, during the third stage of labour," is not one of unmixed good. More especially in multiparae, we are told that is a preventive of post partum hemorrhage. After seventeen years of constant midwifery practice, our correspondent cannot recall one case of serious post partum hemorrhage, and he does not make it a rule to follow down the uterus. He has been called in to two cases of inversion. In one case, he saved the woman's life, and in the second, the woman had succumbed before he could reach her. Both cases were due to unskilled attempts to remove the placenta. He does not agree with the opinion that inversion can occur spontaneously. There must be some amount of bulging in of the fundus, either the result of traction on the funis, or of external pressure, such as would be used in "following down the uterus," or in "expressing the placenta," two methods, in his opinion, dangerous and unscientific. If the placenta do not follow in due course, it should be removed by introducing the hand into the vagina, grasping the placenta, and allowing the uterus to expel both as it will, if left to itself. The act of introducing the hand, with, perhaps, a little friction outside, is quite enough to cause contraction. The method adopted by practitioners of making pressure over the fundus to assist uterine action, is also carried too far, and is a factor in subsequent uterine troubles. The indiscriminate and wholesale use of ergot of rye is still more injurious.

HEREDITY IN DEFORMITIES, AND OTHER ANOMALIES.

DR. W. CURRAN writes:—The following petition was hawked about more than one of the military stations in which I served in India; and as its production here may help to throw some light on the occurrence, in certain families, of club-footedness, left-handedness, and other hereditary anomalies of that kind, I give it for what it may be worth. I examined two or three of the members of this family, but could detect no abnormality in either of them, and yet I do not think there was any collusion or imposture in the case. "Petition! Pity the Poor blind and Dumb. The bearer of this certificate begs most respectfully to request charity on behalf of herself and five brothers, all dreadfully afflicted, viz., two blind and one lame, and another besides herself dumb, in consequence of which afflictions, they are totally unfit for manual labour, and therefore are compelled to subsist on any charitable donations it may please any kind lady or gentleman to give the bearer. Hoping that the charitably disposed will not turn a deaf ear to this petition, I promise the constant prayers of my family for the welfare of the charitable."

The following has come to hand since the above, and is, I believe, like that, perfectly authentic. As such, it deserves, I think, a record.

"The Honble Sardars and Gentlemen—The humble petition of 5 deaf and dumb brothers and two blind sisters one family of the Norther Division, most humbly sheweth—that your humble petitioners are on the surface of the Globe without any means of support. Your petitioners therefore begs that these grievance should be taken with consideration, and their wants be supplied, for which act of charity your petitioners as in duty bound shall ever pray."

GRATUITOUS VACCINATORS AND LOCAL GOVERNMENT BOARD LYMPH. QUERRENS joins with "Public Vaccinator" in complaining of the injustice of medical men vaccinating gratuitously. He can see but two reasons which would induce men to do so, and both are alike contemptible. It is either done as a form of "senting" for patients, or to deprive the Public Vaccinator for the district both of his miserably small fee, and of the chance of getting the Government award, for which a certain percentage must be shown. If one of the recognised leaders of the profession could only be induced to take the lead, it might be possible to get an expression of feeling on the subject from the general body of the profession at the forthcoming meeting of the Association at Brighton next August. Querrens adds, in relation to "Nemo's" letter (JOURNAL, April 24th, p. 804), complaining of the quality of lymph as sent by the National Vaccine Establishment, that, where he lives, it is believed one-half the number of tubes sent are filled with *aqua pura*, the other half with fairly good vaccine matter.

J. O. HORDEN, M.B. (West Hampstead) endorses every syllable of "Nemo's" complaint. He has applied for lymph on more than one occasion, and found it, as "Nemo" says, "inferior and worthless."

J. L. BROWN, L.R.C.P., writes: If "Nemo" will always get lymph on ivory-points, instead of capillary-tubes, he will rarely, if ever, fail. At least, this is Mr. Brown's experience of the lymph supplied to him from the Local Government Board for several years past.

COMMUNICATIONS, LETTERS, etc., have been received from:

Mr. A. E. Barrett, London; Dr. W. G. Walford, London; Mr. C. G. Maxted, London; Dr. A. Meadows, London; Messrs. Ingram and Royle, London; Dr. C. A. Wigan, Portishead; Dr. Tatham, Salford; Mr. Curran, London; Dr. R. Wade Savage, London; The Honorary Secretary of the Harveian Society of London; Dr. Mackey, Brighton; Dr. J. T. Arlidge, Stoke-on-Trent; Dr. J. R. Day, London; Mr. J. Brown, Bacup; Dr. T. N. Orchard, Pendleton; Messrs. A. Essinger and Co., London; Dr. Byrom Bramwell, Edinburgh; Mr. C. Lunn, Edgbaston; The Secretary of the University of St. Andrew's; Mr. G. Rivington, Prestwich; Dr. E. MacGregor, London; Dr. J. Erskine, Glasgow; Dr. J. F. Edwards, Philadelphia; Dr. J. Constable, Leuchars, N.B.; Dr. Hack Tuke, London; Dr. J. Milner Fothergill, London; Dr. Gore, Sibi Caber, Egypt; Dr. W. H. Tayler, Anerley; Mr. E. C. Thomas, Llanarth; The Secretary of the Artists' Benevolent Fund; Mr. W. Square, Plymouth; Mr. T. G. Alderton, London; The Secretary of the Medical Society of London; Dr. G. C. Kingsbury, Blackpool; Dr. J. A. Hunter, New Orleans; Mr. Hugh L. Donovan, Lucknow; Mr. G. Hitchings, Oxford; Mr. J. Martin, Huddersfield; Mr. F. A. Coward, Huddersfield; Dr. Bucknill, Rawtenstall; Mr. Richard Fitzmaurice, Lindfield; Dr. Robertson, Ventnor, Isle of Wight; Mr. A. Stewart, Manchester; Dr. J. C. Gooding, Cheltenham; Dr. J. B. Hellier, Leeds; Mr. G. A. Harris, Simla, Punjab; Dr. Dixon, London; Mr. A. Leach, London; Mr. F. J. Bailey, Liverpool; Mr. H. L. Wallis, London; The Editor of the *Chemist and Druggist*, London; Surgeon P. J. D. Hackett, Brunswick, Canada; Mr. J. O. Horden, London; Dr. J. F. Oliver, London; Mr. F. O. Hodson, Walgett, New South Wales; Mr. K. Franks, Dublin; Mr. H. Waite, Armlay; Dr. J. H. Gramshaw, Gravesend; Mr. G. Sturge, London; Mr. R. Browne, King's Lynn; Dr. P. T. Duncan, Croydon; Mr. J. Brewster, Bootle; Mr. F. Shepherd, London; Mr. F. Vacher, Birkenhead; Mr. T. Jenner Verrall, Brighton; Dr. Willoughby, London; Dr. Sieveking, London; Dr. J. Hutchison, Glasgow; Mr. F. J. Taggart, Antrim; Mr. A. Foxwell, Birmingham; Anti-Humbig; Dr. Aitken, Rome; Mr. W. F. Haslam, Birmingham; Dr. Adam, London; Mr. R. Freeman, London; Dr. George Herschell, London; Mr. W. P. Dester, Cardiff; Our Aberdeen Correspondent; Mr. G. B. Lawford, London; Dr. Josiah Williams, Sheffield; Dr. T. W. Trend, Southampton; Mr. R. C. G. Durdin, Dublin; Mr. C. J. Symonds, London; Mr. F. W. Smith, Sherborne; Mr. Alfred Craske, London; Mr. J. Giles, Caxton, near Cambridge; Dr. Styrap, Shrewsbury; Mr. G. H. Elliott, Chichester; Mr. J. R. Irwin, Whitehaven; Our Paris Correspondent; Mr. C. McKerron, Workington; Mr. J. Spottiswoode Cameron, Huddersfield; Mr. W. C. King, London; Mr. H. T. Batchelor, Queenstown, Cape Colony; Dr. R. Ryder, Nailsworth, Gloucester; Mr. D. Arthur Davies, Swansea; Dr. J. Johnson Bailey, Marple; Mr. Herbert Snow, London; Dr. J. Mackenzie Booth, Aberdeen; Our Newcastle Correspondent; Mr. C. J. Welsford, London; Dr. Burton, Stonehouse; Mr. J. H. Morgan, London; Dr. Tatham, Salford; Mr. W. Eddowes, Shrewsbury; Mr. E. A. Jones, London; Mr. G. A. Cardew, Cheltenham; Mr. J. T. Lister, London; Mr. A. Chapman, London; Mr. A. Foxwell, Birmingham; Mr. Leigh, London; Dr. W. G. Smith, Dublin; Dr. W. Philson, Cheltenham; Mr. W. Gardiner, London; Mr. T. D. Acland, London; Dr. J. Coats, Glasgow; Mr. J. B. Grecock, Pershore; Mr. C. E. Scragg, London; Mr. O. R. Travers, St. Leonards-on-Sea; Professor Corfield, London; Dr. A. Ambrose, Bournemouth; Our Edinburgh Correspondent; Mr. Shirley Murphy, London; Mr. Scott, Bath; Mr. A. Jackson, Sheffield; Mr. J. B. Bunny, Newbury; Mr. W. Moorman, St. Columb; Mr. A. W. Wallace, Parsonstown; Surgeon-Major Ray, Malta; Mr. W. King, London; Dr. J. Ross, Manchester; Mr. G. D. Edwards, Ramsgate; Dr. C. R. Macdonald Beith Ayrshire etc.

BOOKS, ETC., RECEIVED.

A Manual of Medical Jurisprudence. By Alfred Swayne Taylor, M.D., F.R.S. Eleventh Edition. Edited by Thomas Stevenson, M.D. London: J. and A. Churchill. 1886.

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