

Uterus," based upon a collection of 417 cases, and published in 1848 and 1856. In these articles Dr. Trask shows the dangers of rupture under the ordinary methods of treatment, as contrasted with the results of delivery by abdominal section, and proves the great superiority of the latter in saving life. These figures were, however, made up from reports of published cases, a small proportion of the whole, because they are generally confined to those of special interest from recovery or peculiarity otherwise. Dr. Harris has, after nine years labor, collected in the United States 39 cases of laparotomy for rupture of the uterus, with 21 recoveries, a percentage of 53 $\frac{1}{3}$. The author then alludes to the treatment advocated by the newest text-books. Playfair's rules are as follows:—1. If the head or presenting part be above the brim, and the foetus still in utero, the forceps, turning, or cephalotripsy, according to circumstances. 2. If the head lie in the pelvic cavity, forceps or cephalotripsy. 3. If the foetus have wholly, or in great part, escaped into the abdominal cavity, gastrotomy. Leishman's teaching is essentially the same as Playfair's. The cases in which the child still remains in utero are not common; usually it is found to have escaped with much extravasated blood into the abdominal cavity. The usual plan of treatment recommended is to pass the hand through the fissure, seize the feet, and drag the child back through the torn uterus, and then to reintroduce the hand and search for and remove the placenta. In condemnation of this practice Playfair justly says: "It is surely hardly a matter of surprise that there is scarcely a single case on record of recovery after this procedure."

Dr. Harris designs in his paper to take a step in advance of Drs. Trask, Playfair and Leishman, and advocates, in all cases of rupture, whether the child remains in utero or not, the opening and careful cleansing, (the toilet of the peritoneum) of the abdominal cavity. He bases his arguments on the facts and considerations already stated, and adduces in support the remarkably small fatality of laparotomy in ovarian tumors. Ludwig Winckel asserts that liquor amnii is not injurious if it simply escapes into the peritoneal cavity and is then removed. Blood,