

their contents and their elastic walls contracted. At the same time, by continued manipulation the thinner blood-vessels are crushed. Of course, manipulation so rough as to produce this effect involves a certain amount of acute inflammation and exudation, but the latter is rapidly absorbed, while the torn vessels become atrophied. It is understood that in manipulations of this kind care must be taken not to excite too much inflammation. This may be avoided by only operating upon a portion of the diseased structure at any one sitting.

In synovitis pannosa massage has proved useful, and also in chronic, and even acute, articular rheumatism. Of course, in the earlier stages of the latter, massage will do no good, but in a later stage, when the trouble really seems a local one, gentle rubbing and manipulation have frequently proved of the utmost service.

In affections of the muscular system, myositis, rheumatism, and inflammation of the sheaths of the tendons, massage is highly spoken of by various writers. In writer's cramp it has been used in connection with injections of strychnia; but the good effect in these cases was in all probability due to the latter.

In various affections of the nerves, neuralgias, and particularly ischias, where tumor or degeneration is not the cause, massage produces the happiest effect. It is in the latter class of cases that kneading and percussion are particularly useful. In certain peripheral paralyses massage has often acted very favorably, and in these cases, also, percussion is the preferable form.

In telangiectasis Metzger has used massage with good effect. The method of its employment is as follows. A finger of one hand is laid upon the efferent vein, thus causing the capillaries of the affected part to become filled with blood. These are then suddenly squeezed together with considerable force, with the effect of rupturing some of the capillary walls. The process is repeated at subsequent sittings, proceeding from the periphery towards the centre. The rupture of the capillaries thus brought about results in extravasation of blood, and subsequently in insignificant inflammation. The extravasation disappears spontaneously, but its recession may be hastened by rubbing in the direction of the lymphatic current. The inflammation is not likely to be serious if only a portion of the growth is operated upon at a time.

Metzger has used massage to prevent the formation of abscesses, and this method has also been employed in mastitis, in bony tumors, in corneal exudations, and leukoma. It has been suggested in affections of the uterus.

What the actual value of massage as a remedial agency may be it is difficult as yet to say, but in the hands of qualified persons it undoubtedly must prove a valuable adjuvant in many cases of chronic and intractable disease. It should, however, be taken entirely out of the regions of charlatanism, and intrusted only to those educated to use it rightly. There is a certain amount of physiolo-

gical and anatomical knowledge necessary for the employment of the method, but not more than can be acquired by a skilful and intelligent nurse; and it is to be hoped that in time the ability to perform massage will be one of the recognized accomplishments of a properly educated attendant upon the sick.—*Philadelphia Medical Times*.

THE MANIPULATION OF ADHERED PLACENTA.

The following directions are given by Dr J. G., Swayne in the *British Medical Journal* :—

If the cord be tightly encircled by the os uteri, the constriction should be overcome by insinuating the tips of the fingers into the os in a conical form; whilst the right hand all this time is making counter-pressure upon the fundus uteri, so as to steady that organ. Should these precautions be neglected, the connections between the vagina and the uterus may be put very injuriously on the stretch, especially if the circular fibres of the os oppose much resistance to the introduction of the hand. As the tips of the fingers pass through the os, they should be gradually expanded and separated from one another, until, by sheer fatigue, they overcome the contraction of the uterine fibres, so as to allow the passage of the entire hand into the uterus. When this is accomplished, the next step is to place up the hand sufficiently high to reach the placenta. The distance which it has to pass before this can be felt will depend very much upon the position of the placenta and the degree of contraction of the uterus. If the placenta be attached, as it usually is, to the fundus uteri, or if the uterus be in a flaccid condition, it will be necessary to pass the hand much further than when the placenta is attached lower down, or when the uterus is well contracted. I have sometimes had to pass the hand quite into the epigastric region, in search of a retained placenta. As soon as the placenta is arrived at, the fingers should be spread out, taking care not to entangle them in the membranes, until the circumference of the placenta can be felt. If any portion of the circumference be already detached, the tips of the fingers should be cautiously inserted between this portion and the inner surface of the uterus, and the placenta gradually peeled off. All this time, the right hand, externally applied, steadies the portion of the uterus from which the left hand is detaching the placenta, and enables the accoucheur to estimate the exact thickness of the uterine walls included between the hands, so that he can avoid digging his nails into the substance of the uterus. There is sometimes considerable danger of such an accident when the adhesions are very firm and close. There is also considerable danger of leaving portions of placenta behind: a risk that one can readily comprehend in such cases as those described by Dr. Ramsbotham, who states: "I have opened more than one body where a part was left adherent to the uterus, and where, on making a longitudinal section of the organs, and examining the cut edges, I could not determine the boundary line between the uterus and the placenta,