

A very important question is, whether, in any of these cases, manipulation should be employed with the object of restoring movement. In the slighter cases this is advisable, but when inflammation is either severe or prolonged, the joint becomes filled up with cicatricial tissue and the restoration of movement is impossible. Forcible manipulation in such conditions is not only useless, but definitely mischievous, for it renews irritation and promotes the formation of scar tissue. Moreover, I have seen instances in which manipulation has left a joint which was previously free from pain so sensitive and painful for many weeks that it was necessary to keep it at complete rest, so that instead of being diminished, stiffness was increased.

In the fourth group prognosis is highly unfavorable, for the arthritis is but one of the manifestations of a general septicemia, and is often associated with other lesions of the gravest kind. Often the arthritis is rendered comparatively unimportant—except for the suffering it entails—by the speedily fatal termination of the case. In those rare cases, however, in which the septicemia is of a milder type and other local developments are absent, if the joint is at once freely opened and irrigated, repair may take place sometimes with ankylosis, sometimes with the restoration of considerable, or even completely, free movement.

In the future when our knowledge of pathology has become more exact, and when each infective agent can, as we may hope, be opposed by an appropriate antitoxin serum, these cases may be treated with much more success than is at present possible.—*British Medical Journal*.

TREATMENT OF RUPTURE OF THE UTERUS.

The writers (Draghiesco and Christeanu, *Annales de Gynecologie et d'Obstetrique*) begin by agreeing with Varnier, who, in a recent paper on twenty-three cases of rupture of the uterus, comes to the conclusion that total abdominal hysterectomy is the only proper treatment. They have collected 77 cases in the years between 1880 and 1901, but naturally only their recent cases can have much weight at the present day. Till the end of 1899, they had 71 cases treated by temporary drainage and douching, with a death-rate of 75 per cent. In their next three cases, they sutured the tear and lost 33 per cent. In their last three cases, they did total abdominal hysterectomy with vaginal drainage, and all three recovered. Of the 77 cases 73 were in multiparæ. The seat of the lesion was found to be 33