

classes of cases have been more or less successfully treated by massage. First, it has been used to promote absorption of extravasated blood and inflammatory exudations. In every instance of the kind there is considerable danger in practising massage; Dr. Holtzapfel therefore rejected the practice in these cases. Secondly, massage has been employed for the stretching of bands of adhesion and cicatricial tissue, as in old cases of perimetritis and parametritis. In such cases the practice has proved satisfactory. The dragging of the uterus backwards through adhesions or cicatricial shortening of its ligaments can often be remedied by massage, which has likewise given excellent results in parametritis chronica atrophicans, a hitherto somewhat intractable disease. The third class of cases in which massage has been tried with success includes all in which relaxation of the tissues has caused prolapse of the uterus, ovaries, or vagina. Massage appears to restore to the relaxed ligaments and other structures their normal elasticity, also effecting beneficially their innervation and blood supply. The results, according to Dr. Holtzapfel, are more satisfactory than those which follow complicated plastic operations for the relief of the same conditions.

*Rupture of the Uterus cured without Operation.*—(K. A. HERSFELD, M. D., in *London Med. Recorder*).—This case deserves attention, as it shows, like the published cases of Tiskacek and Leopold, that laparotomy is only required in special cases of rupture of the uterus. The patient was a multipara, amniotic fluid had escaped three days previously. The foetus took a transverse position; the medical attendant tried turning unsuccessfully, and then decapitating, also unsuccessfully. The woman was then removed to hospital in a collapsed condition, and examination showed all the signs of rupture of the uterus. The foetus was in the second shoulder position, the left hand in the vagina, and the shoulder wedged in the pelvis. The rupture was on the left of the cervix, three centimètres from the internal os, and permitted the introduction of the whole hand into a large cavity filled with clots, and covered by the peritoneum of the left parametrium. Decapitation was at once performed, and removal of the foetus and placenta. The rupture