Massage Treatment of Pelvic Inflammations.—In an article entitled "Twenty Years of Gynecological Massage," DELASSUS (*La Gynecologie*, 1914, xviii, 81) makes a strong plea for a more careful consideration on the part of the profession of this form of physiotherapy, which he says he is convinced, after many years' experience with it, often is able to replace operation, and to restore more or less invalid women to a condition of functional health. He claims no particular originality for what he has to say, but merely wishes to point out some of the essential details, the ignorance or non-observance of which has often led to disappointing results, and therefore to disgust with the entire method. The only apparatus required for the proper application of gynecological massage is a fairly firm table or couch, of sufficient height to permit the operator to reach the patient without discomfort. Upon this the patient lies in the dorsal position, with the knees drawn up, and the clothing sufficiently loosened about the body to permit of free access to the abdominal wall; it is well to place a small pillow under her head and another under the lower part of the spine. Standing at the left side of the patient the physician gently introduces the index finger of his left hand into the vagina; this serves merely for support and counter-pressure in the subsequent manipulations, which are in most cases carried out entirely by the right hand placed upon the abdomen. At first only very gentle manipulations—pressure along the muscles, superficial strokings, tappings, rubbing, etc.—should be made, at a distance from the site of the chief lesion, just as one would massage at first gently around an inflamed joint or a fracture. Later, deeper pressure may be made, but throughout all semblance of violence is to be rigorously avoided. If much pain is caused it indicates either that the lesion is still too acute and the treatment should be postponed, or if the lesion is chronic that this form of therapy is contra-indicated. The author emphasizes the fact that patience is the key-note in the successful application of this treatment, and is required of both doctor and patient. The chief difficulty met with at first is usually the resistance of the abdominal muscles; even with the best of will, the patient is often unable to overcome this. No attempt should be made to conquer by force, but rather by gradually distracting the patient's attention and winning her confidence. Each seance should last at first about five to six minutes, gradually increasing up to a quarter of an hour. The best results are obtained if treatments are given daily, though often this is impossible; they should under no circumstances be farther apart than three times a week, however. *Indications:* The author is distinctly conservative in this respect, and does not attempt to draw all forms of gynecological disease into the realm of massage therapy. He gives the following as the type of case *par excellence* in which it is indicated: A young woman (twenty to thirty-five years) who has had two or three children, or several miscarriages, who now complains of irregular and painful menstruation, moderate leucorrhea, indefinite pains in the groins and lower abdomen, and a feeling of heaviness and general malaise; is nervous, irritable, upset at the least little domestic worry, and generally below par. Such patients, upon examination, are usually found to be exceedingly tender to vaginal pressure, even before the adnexa are reached; the latter are slightly enlarged and very tender to bimanual palpation. The condition,

an exceedingly common one, is a chronic salpingo-oöphoritis with pelvic cellulitis. The first effect generally noted from massage treatment in such a patient is a relief of the heavy feeling in the abdomen, then gradual disappearance of the pains and tenderness, reëstablishment of regular and painless menstruation, often relief of dyspareunia, etc. In starting a course of treatment, however, no definite promises should be made, and unless distinct pain is caused, or the patient is getting worse, it should be tried for at least two weeks before forming any judgment as to its efficacy; if improvement is noted it should then be continued until a definite cure is attained or a status quo is reached, beyond which no further progress is made. Delassus believes that in most instances the cure is symptomatic, rather than a true return of the diseased organs to a normal anatomical condition, but he reports one case of a woman who was sterile for thirteen years after the birth of her first child, but who became normally pregnant some months after undergoing massage treatment, and another instance in which a woman who had had five successive miscarriages at about the second month was enabled to go to full term, indicating at least that a functional *restitutio ad integrum* may occur. In some instances the symptomatic cure is apparently permanent; in others recurrence takes place, and further series of treatments become necessary or operation may be indicated. The author admits that he cannot give a scientific explanation for the results obtained, but suggests that they may be due to an emptying of congested bloodvessels, excitation of vasomotor centres, and consequent relief of edema and congestion.

Conservative Surgery of Benign Ovarian Tumors.—FREUND (*Zentralbl. f. Gyn.*, 1914, xxxviii, 985) has devised a method for the preservation of some functioning tissue in operating for even quite large tumors or cysts of the ovaries in cases where this seems especially desirable. Although many operators have practised to a greater or less extent partial resection of the ovaries under certain circumstances, they have for the most part limited the application of this process to small growths or inflammatory conditions, and have generally been content with preserving a portion of the hilus, believing that any functioning ovarian tissue left is most apt to be situated in this region. Freund has found, however, that while this generally holds true it by no means always does so, some cysts, for instance, developing in the hilus, and pushing the only bit of undestroyed ovarian tissue to the farthest pole, or some other portion of the surface of the tumor. In such cases, therefore, as appear suitable for conservative surgery, Freund proceeds as follows: After opening the abdomen the entire or partially evacuated tumor (cyst) is delivered through the incision and completely packed off from the abdominal cavity. The tumor is then bisected throughout its extent, the pedicle being grasped in the left hand. After the contents are thus evacuated every point of the wall can be quickly examined by the eye and finger, and any remaining area of normal ovarian tissue quickly localized. If this is found near the pedicle the tumor is simply cut away in such a manner that the tissue to be preserved is left in contact with the pedicle, which is then sewed over with a fine suture. If the ovarian tissue is on the periphery of the tumor, however, a thin strip of tumor capsule is left between the pedicle and the ovarian remnant;