this method has advantages, it is not to be relied upon solely. Ahlfeld prefers to estimate carefully the period of gestation, measure the length of the fetal body within the womb, to compute the length and weight of the fetus, and to combine these data with those given by palpation. It is also to be remembered that a fetal head which cannot be pressed downward into the pelvis can be brought through after version, the breech preceding.

THE USE OF FORCEPS AS PRACTISED IN THE PRAGUE OBSTETRIC CLINIC.

Sichl (Monatsschrift für Geburtshülfe und Gynäkologie, Band i. Heft 6) gives the results of the use of forceps in 2920 labors. Birth was completed by forceps in 3.63 per cent. of cases. The majority of the cases were primiparal, between twenty and thirty years old. In 60 per cent. of cases the mother was lacerated. The maternal mortality was 4.7 per cent., while 11.32 per cent. of children perished. Of the mothers, 1.8 per cent. had septic infection. The conclusion reached from comparing the use of forceps with other methods of delivery is that the forceps is the bloodiest method of delivery, and that its mortality-rate renders it a serious procedure for mother and child. Other means of accomplishing delivery should be exhausted before recourse is had to the forceps.

THE CONDUCT OF NORMAL LABOR BY EXTERNAL EXAMINATION ONLY.

Leopold and Orb (Archiv für Gynäkologie, Band xlix. Heft 2) report the results of the conduct of normal labor by external examination only in 1000 cases. Errors in diagnosis occurred in 65 (6.5 per cent.). Fifty-four of these were in occipital presentation, 2 in brow, 2 in breech, 1 in twin gestation; while in 6 cases of face-presentation an error was made in diagnosticating the entire number. In 168 cases contracted pelvis was diagnosed. The writers show by statistical comparison of series of cases that palpation may be relied upon to determine a most important point—namely, the presence or absence of descent of the fetus into the pelvis.

THE VAGINAL SECRETION OF NEWBORN INFANTS.

In the Zeitschrift für Geburtshülfe und Gynäkologie, Band xxii. Heft 3, Vahele gives the results of his examination of the vaginal secretion of newborn infants to determine the presence or absence of bacteria. He finds that for twelve hours after birth the vulva and vagina are sterile. From this time until the third day germs are occasionally found, and after the third day they are present in most cases. In 4 per cent. of cases staphylococci were discovered, while in 14.6 per cent. streptococci were isolated.

INTRAUTERINE INFECTION WITH TYPHOID.

Freund and Levy (Berliner klinische Wochenschrift, 1895, No. 25) report the case of a multigravida who was admitted to the hospital in the eighth day of typhoid, being five months pregnant. She progressed favorably until the fourth week, the temperature being but slightly elevated. Without apparent cause she expelled a living fetus, which soon perished. Her temperature
rose during labor, but fell immediately afterward. The fetus and placenta were received in sterile glass vessels, and an examination made of the spleen, blood of the heart, and placenta twenty minutes after birth. No gross lesions were found. Typhoid bacilli developed, however, after incubation. An old endometritis was present in the mother, who speedily recovered.

The case is a remarkable demonstration of the direct passage of infection from mother to child, without anatomical lesions.

A CASE OF LONG RETENTION OF AN OVUM IN THE UTERUS.

ORLOFF reports in the Prager medicinische Wochenschrift, 1895, No. 22, an interesting case from the obstetrical clinic at St. Petersburg. The patient had borne ten children and came to the clinic with a history of icterus and vomiting of blood. There was also enlargement of the abdomen, and puncture was made to relieve the pressure-symptoms. A diagnosis was made of cirrhosis of the liver, with intestinal hemorrhage. The patient shortly afterward died, and upon post-mortem examination an impregnated ovum was found lying in the right horn of the uterus. The ovum had ruptured, and only the chorial sac remained. So far as the history and appearance of the tissues indicated the ovum had remained for more than a year within the uterus.

THE CHOICE OF CESAREAN SECTION, SYMPHYSIOTOMY, AND INDUCTION OF LABOR.

TARNIER, in La Presse Médicale, July 20, 1895, describes in a clinical lecture a case of symphysiotomy in which the antero-posterior diameter of the pelvis was less than 8 cm.

He reviews the results obtained by induced labor, and finds that in pelves whose antero-posterior diameter ranges from $6\frac{1}{2}$ cm. to $8\frac{1}{2}$ cm., in thirty cases, he had no maternal mortality, but 40 per cent. infantile death-rate. In forty-nine cases in which the same diameter measured from $8\frac{1}{2}$ to $9\frac{1}{2}$ cm. there was no maternal mortality, with $20\frac{4}{100}$ per cent. infantile mortality. In his third series of seventeen cases in pelves whose antero-posterior diameter measured from $9\frac{1}{2}$ to 11 cm. he had no maternal mortality, but an infantile death-rate of $29\frac{4}{100}$ per cent. He calls attention to the fact that the mortality-rate of children is less in the middle range of pelvic contraction, because pregnancy is interrupted in these cases after the end of the eighth month, at a time when the fetus is well developed. The high mortality among children in the third series of larger pelves occurs because these patients call aid too late, when the child has become too large to pass favorably through the pelvis.

In comparing the results of induced labor and symphysiotomy one finds that in classes of cases in which interference is practised most often, namely, in those in which the antero-posterior diameter of the pelvis is between $8\frac{1}{2}$ and $9\frac{1}{2}$ cm., that the total mortality-rate of mothers and children in 200 cases was $20\frac{4}{100}$ per cent., while the best statistics of symphysiotomy give a mortality-rate of mothers and children of 33 for 200 cases.

Pinard's statistics give a total of $18\frac{3}{100}$ per cent. mortality-rate for 200 cases after symphysiotomy. The difference, however, between the results of