antepartum hemorrhage, and syphilis. The second group, the one with which we are chiefly concerned, shows a gross mortality of 40 per cent. In other words, nearly half the premature babies born alive die before the end of the third week of life.

The percentage mortality of selected premature babies (which have no obvious disability in addition to their prematurity) may be anything from 35 to 50 times as great as that of mature babies born under the same or similar conditions.

Not much information is available as to the cause of this heavy mortality among the premature infants. Yet it is fairly safe to assume that the predominant factor in death from prematurity is malnutrition. The fatal susceptibility of premature infants to infections of all kinds must not be overlooked. Their tissues have not yet elaborated a defense against bacterial invasion and are, therefore, incapable of resistance.

The great importance of breast feeding for premature infants is emphasized. No doubt breast-fed babies do receive with the milk, immunity bodies, serviceable for defensive purposes.

NORMAN F. MILLER.

Ehrenfest: Intracranial Birth Trauma of the Newborn from the Standpoint of the Obstetrician. *Journal American Medical Association*, 1921, lxxvii, 103.

Intracranial birth injuries are produced by the mechanical exaggeration of the physiologic process of molding, resulting in excessive or sudden compression of the fetal skull; they are prone to occur in the course even of a normal labor if prematurity predisposes the infant to traumatic lesions; and they are necessarily aggravated by a hemorrhagic diathesis or by inappropriate manipulations during resuscitation. Upon these premises, Ehrenfest briefly bases the more or less obvious prophylactic and therapeutic measures to be employed by the obstetrician.

Forceps should be carefully applied with the minimum amount of compression. Extraction should be slow to permit gradual molding of the head. In breech cases, the head should remain flexed, strong pressure of the occiput against the symphysis is to be avoided as well as undue haste. Large doses of pituitary extract are dangerous. Episiotomy is preferable to extreme measures to protect the perineum. All brusque maneuvers must be avoided in resuscitation.

The diagnosis of intracranial lesions must be made early. In suspected cases the clotting time should be taken. Spinal puncture is a measure both of diagnostic and therapeutic value. R. E. WOBUS.

Hereford: Birth Trauma. *Southern Medical Journal*, 1921, xiv, 542.

For the year of 1918 the mortality statistics for the registration area of the United States showed 6,149 deaths due to birth trauma.

Many infants surviving the immediate effects of birth trauma later develop into idiots, epileptics, feeble-minded and insane. Some become deaf, dumb or blind.

The author believes intracranial hemorrhage to be of far more frequent occurrence than is generally supposed. The so-called hemorrhagic tendency of the newborn infants, or those dying within a short