the circulation. Pyæmia subsequently develops. In addition to these we see gonorrhœal cases and puerperal tetanus, caused by the tetanus bacillus.

It is urged that these cases be reported to the authorities, just as scarlatina, diphtheria, and other contagious and infectious maladies are reported. It is hoped by this means that puerperal fever may be reduced in frequency, and that important statistics may be gathered which will throw new light upon this disorder.

Cœliohysterectomy for Contracted Pelvis.—In the *Scottish Medical and Surgical Journal*, September, 1900, BREWIS reports the case of a patient whom he saw in labor and in whose case craniotomy was performed. The patient recovered and subsequently became pregnant again. She had a symmetrically contracted pelvis of a high degree of contraction. She assented to any operation which would save her child and would spare her the possibility of further pregnancy. Accordingly, the child was extracted by Cæsarean operation. The ovarian arteries and vessels accompanying the round ligaments were tied and the broad ligaments divided. A peritoneal flap in the lower part of the uterus was pushed down along with the bladder. The uterine arteries were then secured and the body of the uterus was removed. The stump was sutured and covered by peritoneal flaps. The patient made an excellent recovery.

Cephalotripsy for the Aftercoming Head.—At the last meeting of the British Medical Association, TARGETT described the case of a patient, aged twenty-nine years, a rachitic dwarf. The pelvis was highly contracted, the true conjugate not exceeding two and three-quarter inches. The patient declined to submit to Cæsarean section, and labor was induced. There was entire lack of action on the part of the uterus. Dilatation was performed by elastic bags, version was done, and the breech brought down into the cervix, but without exciting uterine contractions. It became necessary to deliver, when it was found that the head could not pass through the brim. The occiput pointed to the right, and the face was to the left, and flexion was well performed by traction upon the jaw, yet delivery could not be accomplished. Accordingly, the head was perforated in the suboccipital region. The lower blade of the cephalotribe was then applied over the face, but it was impossible to pass the upper blade over the occiput. Accordingly, the upper blade was passed through the suboccipital perforation and the head crushed. The occiput was rotated in front and the head delivered without further difficulty. The patient made a good recovery.

He also described a case in which perforation and cephalotripsy had been performed, but the head was high in the pelvic cavity and the trunk would not enter the brim. Internal version was performed and the child extracted with difficulty.

In the discussion others related cases in which version after craniotomy was most successful.—*British Medical Journal*, 1900, No 2072.

The Second Stage in the Formation of the Human Placenta.—In the *British Medical Journal*, 1900, No. 2072, TUSSENBOECK gives the following results from her investigations in this subject. The macroscopical form of