of age in one of the cases which he reports. Whether this action is to be based upon the still doubtful theory of fungus spores, he, however, leaves undecided.

In conclusion, it only remains for us to say that these volumes fully sustain the high character of the series. J. H. H.

ABST. XXXVII.—*What is the best Treatment in Contracted Pelves?* By ISAAC E. TAYLOR, M.D., President; and Emeritus Professor of Obstetrics and Diseases of Women and Children, in Bellevue Hospital Medical College, etc. etc. Reprinted from the *Transactions of the New York Academy of Medicine* for September, 1875.

Part II. *Is Craniotomy, Cephalotripsy, or Cranioclasm preferable to the Cæsarean Section in Pelves varying from one and a half to two and a half inches?* Rend Murch 2d, 1876. 8vo. pp. 64.

PART 1st is confined to cases in which the pelvis ranges from two and a half to three and three-quarters inches in the antero-posterior diameter. It refers to two varieties of deformity, viz., the *generally contracted pelvis*, when the diameter ranges from three and a quarter to three and three-quarters inches; and the *simple flat pelvis*, varying from two and three-quarters to three and three-quarters.

In the latter, after failure of forceps, *version* should be resorted to. In this variety the long straight forceps are preferred by the author to the long curved ones. In the former, the latter form of instrument is recommended.

Under Part II. the author draws the following conclusions:—

"1. That a mutilated fœtus can be delivered with safety to the mother through a space of one and three-fourths inches antero-posterior, and a two and a half or three inches transverse, by craniotomy, cephalotripsy, or cranioclasm, provided the vault has been destroyed, and the face made to present edgewise, or delivering the head sidewise.

"2. That after cephalotripsy or cranioclasm, if necessary, version early performed, with propulsion from above the pubes afterward, and before the uterine forces are exhausted, is preferable to the first proposition, and I believe more available.

"3. That the cephalotribe or cranioclasm cannot be considered sufficiently available as tractors after cephalotripsy, to deliver the patient in extreme contraction, and that other instruments as tractors are necessary to aid the delivery.

"4. That the Cæsarean section should not be performed when the contraction or deformity is as stated above, unless some other complications or circumstances exist or present."

We are not at all prepared to endorse the views of Dr. Taylor, which are also those in many respects of Drs. Barnes, Hicks, and others of England, where the Cæsarean operation has been frightfully unsuccessful, because of its having in most instances been one employed as a last resort, instead of being one of election, and performed at the most favourable time for the woman's recovery. We believe that the views expressed by the late Dr. John S. Purry of this city, in his paper entitled, "The comparative merits of craniotomy and the Cæsarean section in pelvis with a conjugate diameter of two and a half inches or less," more closely represent the relative advantages of the two forms of delivery, as applied to the general profession. Take the average skill of the obstetrical operators of the United States, and let it be

tested under the most favorable circumstances in pelves of minimum diameter, by an equal number of operations of both varieties, and we shall find the mortality much less by the Cæsarean operation than is generally credited to it, and quite as great by the other.

On page 34, Dr. Taylor professes to give the results of the Cæsarean operation in England, Germany, France, Belgium, Italy, and America. He gives England 480 operations, and 236 recoveries, or nearly one-half saved. If this was the case, we should find comparatively little of the opposition that prevails against this operation in Great Britain. Where Dr. Taylor procured his information we cannot imagine, for it was not until 1869 that a hundred operations had been reached in Great Britain and Ireland, as the result of which, 84 women perished. Had he fully consulted the *American Journal of Obstetrics*, he would have found for the United States, instead of 12 cases and 4 recoveries, 59 cases with 30 recoveries. We have the most reliable statistics for our own country that have been collected by any recorder, every case being obtained in a way to put the truth of the statements beyond question, many accounts having been rejected because locality, time, and circumstances could not be satisfactorily given. We have also declined all cases, where gastrotomy was performed, after rupture of the uterus, as this operation being always promptly resorted to, has been less fatal than gastro-hysterotomy, and besides has been more frequently done. Thus far, we have the records of 70 operations, the same number that Dr. Parry collected of craniotomy cases; and do not require to go to England to learn the comparative merits of craniotomy and Cæsarean section. It is true that when early resorted to by men of skill, like Drs. Taylor, Hicks, and Barnes, cranioclasm in extremely contracted pelves very often results favorably; but what would happen at the hands of average men? is the question we have to answer; and would they run any greater risk in attempting to save two lives by an early resort to the knife? We believe that the Cæsarean operation will never assume the elective position it should in America, until operators learn fully, how successful an early resort to the knife has been here; and thus cease to be influenced by that fear of it which English want of success has disseminated in Great Britain, and has materially contributed to strengthen and continue. Boldness and perseverance in a few men saved ovariotomy from being held up to the world as an unjustifiable operation. The same care and skill in gastro-hysterotomy would change the views of the profession as to the danger to be apprehended. R. P. H.

ART. XXXVIII.—*Catalogue of the Models of Diseases of the Skin in the Museum of Guy's Hospital.* By C. HILTON FARRER, M.D., Assistant-Physician to and Lecturer on Pathology at the Hospital; formerly Demonstrator of Cutaneous Diseases. 8vo. pp. xxxii., 269. London: J. & A. Churchill, 1876.

It is unquestionably a sign that our profession is advancing in the right direction when a volume such as the one before us makes its appearance. It belongs to a class of which we see far too few examples in connection with the museums found in every centre of medical education, and indicates a laudable desire to place the resources of such an institution in their most favorable light. In the present instance the work could not have been entrusted to abler hands, for Dr. Fagge is everywhere recognized as an accomplished