

with sufficient isolation and other comforts to meet the social requirements of each. The pathway to the institution should be made inviting, and all useless red-tape formalities should be abolished.

To no class of cases would such recommendations better apply than to those threatened with or suffering from puerperal insanity; and yet many of us in the past have been inclined to temporize too long because of the *moral effect* of the words "lunatic asylum." We feel, however, that we cannot in a short editorial do justice to such an admirable paper, which we cordially endorse in all respects. We hope that the general physician will work in unison with the expert alienist on the lines indicated by Dr. Russell.

TUBERCULOSIS OF THE PLACENTA.

Schmorl & Giepel (*Münchener med. Woch.*) have restudied this question, and conclude that transmission of the tubercle bacillus from mother to child is much more common than is generally supposed. They have had an opportunity of studying placentæ from twenty women in various stages of tuberculosis—eleven of the advanced type, four of moderately advanced, and three of the early stages. There was one case of tuberculous meningitis and one of acute miliary tuberculosis. Of the eighteen cases which were delivered at full term, there were eight placentæ containing evidence of tuberculosis. A tuberculous placenta was also obtained from a seventh-month delivery. In only three of the nine specimens could the diagnosis be made with the naked eye. In the others the microscope had to be used. Once two thousand sections had to be made before the characteristic lesion was found. The tubercles develop most often on the surface of the villi or in the intervillous spaces, but any portion of the placenta may be attacked.

Their conclusions are that it is unlikely that the child develops the disease in every case of infected placenta, but that when it *does* become tuberculous at or soon after birth, the bacilli are transmitted directly from the mother. F. A. C.