

important bearing upon the question of the advisability of interrupting pregnancy in women suffering from infectious disease. With the single exception of diphtheria, pregnancy seems to increase the severity of infectious diseases and to increase their mortality; and the further advanced the pregnancy, the more disastrous seem to be the results. If, then, pregnancy injuriously affects the course of infectious diseases in woman as it has been shown to do in rabbits and guinea-pigs, it will become a clear indication to interrupt pregnancy artificially in such cases, and to do it as early as possible.

Another point of clinical interest is, that there seems to be a great probability of the foetus being infected through the placenta as well as the possibility of infection subsequently by means of the breast-milk. Hitherto, in considering the question of the induction of premature labor in a woman suffering from some acute infectious disease, we have been in the habit of regarding the foetus as being healthy, so that the artificial interruption of pregnancy probably would involve the destruction of a healthy child. If, however, we are to regard the foetus as being in all probability already infected, and its chances of living rather poor, we may be more ready to advise the induction of labor in the interests of both mother and child. No doubt further experiments will be needed before we can lay down precise rules for the management of such anxious cases, yet Bossi's observations are valuable and suggestive.

Delivery of the After-coming Head.

"Delivery of the After-Coming Head."—*Zeitschrift f. Geb. und Gyn.*
Bd. XLIX., s. 120.

An interesting discussion took place recently in the Berlin Obstetrical Society upon this important subject. *Steffeck* read a paper in which he described a method which he considers superior to the usual Smellie-Veit and Martin methods, claiming that by it there is considerable saving of time and consequently a diminished risk of asphyxia. After the delivery of the arms he does not pass the hand into the vagina or the finger into the mouth of the child, as he considers that premature breathing may be induced thereby. He depends wholly upon the use of both hands externally to press the head down into the pelvis, no matter how it may be situated. After the delivery of the shoulders, he places the patient in the Walcher position, and, standing between the patient's thighs, he presses the head downwards and backwards with both hands, and as soon as the head has fairly entered the pelvis he delivers by the Smellie-Veit method. He thus obtains the maximum size of the inlet and much greater expressing force than;