

Foreign Subjects: Walter Channing, M.D., Professor of Midwifery, University of Cambridge, Boston, U.S., Baron Paul Dubois, Professor of Clinical Midwifery in the Faculty of Medicine, Paris; Charles D. Meigs, M.D., Professor of Obstetrics, &c., Jefferson Medical College, Philadelphia, U.S., Franc. J. Moreau, M.D., Professor of Midwifery in the Faculty of Midwifery, Paris; F. W. Scanzoni, M.D., Professor of Midwifery, Wursburgh; Edward C. G. Von Seebold, M.D., Professor of Midwifery, Gottingen, and Rudolph Verchow, M.D., Professor of Pathological Anatomy, Berlin.

The list of Ordinary Fellows amounted at the time of the publication of the volume before us to about 325.

Such then was the Society at its organization, but the Ordinary Fellows have very largely increased, and it may be considered one of the most prosperous in the Kingdom. Its meetings are held on the first Wednesday evening of each month of the year, August and September excepted.

As the fruits of the first year of its existence we have the volume which lies before us, a goodly octavo of about 350 pages, being the first volume of its Transactions. It contains forty one papers on obstetrical subjects, and is full of most important practical information, to the practising accoucheur. Our limits preclude us from examining minutely all the papers, none of which are exempt from special interest. We must confine our observations to a few only.

The first paper is one by Dr. Tyler Smith on the important subject of the abolition of craniotomy in all cases where the foetus is living and viable. This is probably the most important paper in the volume, and is rich in sound practical information. Dr. Smith observes "that there must be always a large class of cases in which the child is dead at the commencement of labour, or dies during its progress, and before delivery becomes practicable, in which craniotomy or embryotomy must be resorted to for the sake of the mother. This will happen in many funis cases, in cases of accidental and unavoidable hæmorrhage, rupture of the uterus, convulsions, and breech, footling, or turning cases. In all these cases, the child is exposed to unusual risks, and may perish under conditions in which it is of great moment to the mother that the size of the foetus should be lessened. With this view, continues he, auscultation, if not practised in every labour should at least be resorted to in all cases of difficulty; and if we can trace the failure of the foetal heart, and ascertain the death of the foetus long before interference to save it becomes possible, it is our bounden duty, should the state of the mother require it, to resort to craniotomy without delay." He then passes in review the various conditions in which craniotomy must, and may not, be had recourse to; then proceeds to lay down some eminently practical rules for the employment of the forceps, in which we cordially concur with him, and especially with regard to the doctrines taught so generally, that we must feel the *ear* of the child before we can with propriety apply them, and that we should never enter the blades within the cavity of the uterus, two doctrines which ought to be imbedded in the tomb of the Capulets, and finally concludes with remarks upon "the more extended employment of induced labour," as a means of avoiding craniotomy. We cordially agree also with the author of the paper upon this proposition, but he will agree with us that the cases are rarely