(twice). Every child died. At the fifth pregnancy he commenced the diet about seven weeks after term. The diet was as follows:

Morning. Small cup of coffee and 6 drachms of Zwieback.

Noon. Any kind of meat, eggs, fish with very little sauce, green vegetables with fat added, salad, cheese.

Evening. As above with the addition of 1½ ounces bread and as much butter as desired.

To be entirely avoided: Water, soups, potatoes, cereals, sugar, beer.

Fluids per day limited to 12 to 15 ounces red or Moselle wine.

Confinement September 20th, 1897. Breech presentation; easy labor; child female; weight 5 pounds; length 50½ cm.; lean; bones firm, skull bones hard, yet freely movable. No lanugo hair, but long hair on head. Panniculus adiposus everywhere slightly developed, although the osseous system had not suffered. Head circumference 32.8 cm., long diameter 10 cm., transverse 8.2 cm., large fontanelle, breadth of shoulders 11.4 cm. Child lived and thrived on bottle, no rickets.

Two other cases are described, with like favorable results. In these cases the amount of amniotic fluid was small. He emphasized the fact of the extraordinary capacity of the skull-bones for moulding.

P. feels that while he has had so little material the result has been so satisfactory, that he is satisfied he has discovered a valuable means of avoiding premature artificial delivery. P.'s diet, is of course, a hardship in the way of self-denial of appetite, especially liquids, so that if patient can be in an institution where the physician can control the diet more certain results can be assured.—*St. Paul Med. Jour.*

Ovarian Pregnancy.

Mlle. Van Tussenbroeck (*Gaz. Hebd. de Méd.*, October 19th, p. 1008). A woman aged 35, after four normal pregnancies fainted two weeks after a period. She was pulseless, and the abdomen was distended and painful. Ruptured ectopic gestation was diagnosed. The abdomen was opened by Professor Kouwer, and found full of blood and clots. The uterus was slightly enlarged, the appendages on the left side and the right tube were normal, the right ovary presented a tumor as large as a filbert. The right ovary and tube were removed. Shreds of decidua were expelled after the operation.

The surface of the ovarian tumor was smooth, with the exception of a perforation through which reddish fringes appeared. Sections showed it to consist of an ovisac containing an embryo 12 mm. in length. The tube was unaffected, and