ties, I am sure I only voice the concurrence of this Society in accepting the limits for this operation as stated by Dr. Williams. This is practically in accordance with the teachings of Lusk—probably our strongest American authority—who places the range for the induction of premature labor in contracted pelves at a conjugata vera of from $2\frac{3}{4}$ inches (7 cm.) to $3\frac{1}{2}$ inches (8.75 cm.).

As stated in the paper, I believe the most reliable statistics of this operation are those of Dohrn, who compares the results of induction of premature labor with those of labor at term in the same case, showing a very decided advantage in premature labor It must be remembered, however, as Litzmann has clearly shown, that children born alive by this operation are far more likely to die early than matured children. The risk to the child does not cease with its delivery.

I cannot recall any reference in the paper to pelves contracted from hip-joint disease, and yet I have met with two obstetrical cases of this character during the past two years in this city; both were in private practice and both were primiparæ. The first case I saw in consultation, during a very severe labor at term, and delivered her of a still-born child by a difficult high (Tarnier) forceps operation. Premature labor was induced on the second case at the eighth month. In this case the bougie was retained under antiseptic precautions (2 per cent. creoline cervical and vaginal douche and iodoform gauze over os), between the membranes and uterine walls, for forty-eight hours without effect. It was then withdrawn, the douche again administered, and bougie re-introduced in a different position and retained for twenty-four hours again without effect. The sac was then punctured high up by the probe, and labor began in about fifteen hours. Thus we see the method of Krause, although the best, may fail, where puncture of the sac will not. As this lady was poisoned to death by an unclean servant who dressed and picked carious bone from her foot and then attended my patient, and handled all her linen, napkins, etc., without my knowledge, it shows the importance of extending our antiseptic precautions to everything coming in personal contact with the case.

As regards the method of delivery, the experiments of Budin and others speak strongly in favor of version and extraction, as opposed to forceps.

Dr. Kelly:—The subject is too large to be discussed formally; I will merely refer to one or two points of interest. A serious complaint is to be entered against the records of foreigners in regard to the statistics of infant mortality after premature labor. Many observers only state whether the child was born living or dead, some few state whether or not it was living when discharged from the hospital. What we want to know for practical purposes, is, whether the children live any time after they get home. My own experience is but few live. If they are sent out simply to die soon after at home, the induction of premature labor among the poorer classes simply becomes a species of uterine gymnastics.

A method of my own which I have found most successful in inducing premature labor, is taking a flexible whalebone bougie, introducing it between the membranes and the uterine wall, high up into the uterus, and sweeping it gently around for one or two inches in either direction. This has not failed me in any instance in bringing on labor.

Selected Articles.

THE EARLY STAGES OF MELANCHOLIA.

The term melancholia, as applied merely to a mental state, carries with it its own diagnosis. In its more special application, denoting a distinct mental disorder—a disease with a symptomatology of its own, running a variable course, but with a tendency to self-limitation, and of prognosis, usually favorable, the term must be used with greater regard for precision than the majority of general practitioners have been accustomed to apply it. States of mental depression may include more than simple melancholia, and hence, for present purposes, the chief interest in the diagnosis centres in the differentiating of a purely functional disorder from distinct phases of degenerative psychoses, or from the early stages of organic brain disease. Friends and physicians alike do not rest satisfied with a diagnosis which does not carry with it something of prognosis. This leads to certain considerations with reference to etiology, to which we may refer briefly later on.

There is perhaps no disease of the mind which is so often insidious in its onset, so deceptive to inexperienced observers in its course and gravity, so sudden in its occasional tragic and undreamed-of culminations. Mental elation, usually beginning in harmless loquacity or in mere effervescence of spirits, is unable to conceal itself, but the melancholiac may, possibly from motives of consideration for friends, nurse in silence morbid fears and fancies or dangerous impulses long before the real truth is suspected. Hence the necessity for prompt recognition of this dangerous malady and for decisive and prompt treatment. It is stated by a writer of authority that "homicidal acts are not to be feared in simple melancholia unless in persons of bad character and ugly temper, or in those few cases with the symptoms in addition of moral insanity or impulsive insanity." I believe that this is dangerous doctrine, and whether the patient is to be treated at home or in an institution, the friends should be warned of the possibility of some sudden violent act. The