Those with odd numbers received no injection ; the first 56 of the even numbers were given an injection of 5 grammes, and the rest (88) 10 grammes of serum directly after being delivered. They were all under observation for 12 days, and every rise of temperature above 99° 5 F. was noted. The following results were obtained : The temperature was raised in 17.36 per cent. of those who received no injections, in 7.14 per cent. of those who received 5 grammes, in 5.68 per cent. in those who received 10 grammes of serum. It was also observed that jaundice was less frequent in the children of those women who had had injections.

CHILD WEIGHING 17 LBS. 12 OZ.

Mrs. W., aet. 31, Irish Protestant, weighing 155 lbs., height, 5 ft. 8 in., 7 para, was confined in the Women's Hospital, March 7, 1899, of a female child weighing (naked) 17 lbs. 12 oz. Labor commenced at 10 p.m., March 6. Pains very slight, and very little progress until 10 35 p.m. March 7, when labor pains came on very severely, and labor was completed at 11.10 p.m. The delivery was without any unusual difficulty. The placenta, which weighed 4¼ lbs., was easily and quickly delivered without any manual interference. The pelvis was of normal type. Perineum untorn. Patient left hospital with baby on 15th day perfectly recovered.—*H. L. Reddy, M.D., L.R.C.P., London, Phys. Ac. W. H.*

CRANIOTOMY, CÆSAREAN SECTION AND THE PATIENT.

Stepkowsky publishes a case in reference to these operations and their relation to the patient's safety, and also her natural desire for children. A woman, aged 25, in good general health, had been delivered three times by craniotomy. The pelvis seemed rachitic, but there was no evidence of active rickets. The pelvic measurements allowed of craniotomy at term, and Stepkowsky determined on the induction of premature labour at the end of the eighth month ; but the patient insisted that she would only submit to that operation which gave the best chance of saving the child. On that account he decided upon Cæsarean section after the membranes had ruptured. He performed the typical operation, cutting in the median line of the anterior uterine wall. He has had such good results following that incision that he