is a custom of regarding a baby as a plaything for the entertainment of the rest of the family, but such amusement is exceedingly expensive as the majority of "mental wrecks" are caused by injudicious stimulation during infancy.

The so-called "smartness" and cleverness of young children should be regarded as danger signals and repressed rather than encouraged.

In dealing with children old enough to reason for themselves, we must always bear in mind that a child is full of trust and we must endeavour not to betray that trust. It instinctively turns to the one who feeds it and clothes it, for protection.

A child has no idea of time, if a thing is promised it must be given. This particularly applies to a sick child who asks for something. Ten minutes is an eternity to a waiting child.

If anything needs to be done for a child which we know will hurt it we ought to prepare that child for the hurt. Do not on any account, say a thing will not hurt for the child will afterwards fear you as you have betrayed its trust in you.

The character of a child is moulded for good or ill during the first years of life, and habits good or bad, are firmly ingrained before school age.

Placenta Accreta

By V. B. Green Armytage, M. D., F. R. C. P. (Lond.), Lt.-Col., I. M. S.

Nathansen draws attention to the fact that there is a condition of placenta accreta where the placenta is so attached to the myometrium that no spongy layer exists as an intervening space between the chorionic villi and the muscle of the uterus. This pathological anomaly occurs about once in twenty thousand cases, and if not recognised with the hand in the uterus, may be the cause of disastrous rupture of the organ when attempting to remove the placenta. He is of the opinion that placenta accreta can occur any time after the first month, and is most usually found—according to the literature on the subject—at the tubal angle and over the site of a submucous fibromyoma. The condition should be suspected if in any case of adherent placenta (1) there is no uterine bleeding, (2) there is no descent of the umbilical cord, and (3) there is no characteristic ball-like condition of the fundus. Should these three conditions be present, no attempt at Crede delivery should be made. With every aseptic precaution, the uterus should be explored and if no line of cleavage is found to exist between the placenta and uterus, hysterectomy is the only rational procedure, for by this means alone can rupture of the uterus be avoided and the patient saved from death, which usually follows this catastrophe as the result of hæmorrhage or sepsis.

As a proof against the futility of attempting to separate the placenta Polak and Frankl have demonstrated *post-mortem* in two cases, that in this pathological and anatomical type of placenta accreta it is absolutely impossible to separate the placenta from the uterine wall.—*From "The Indian Medical Gazette.*