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.

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**Placenta Accreta**

BY V. B. GREEN ARMYTAGE, M.D., F.R.C.P. (LOND.), LT.-COL., I. M. S.

Nathanson 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
bulla-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 haemorrhage 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.*