to draw your attention to the double application of the forceps. This operation was first introduced by Scanzoni, many years ago, and revived by Williams. Williams is very much impressed with his success in this line. In applying the forceps in first step, Williams applies the blades with the pelvic curve looking towards the face of the child; whereas in the second manipulation it looks towards the occiput in the usual way. You will first pass your hand up into left segment of vagina and locate the posterior ear, and over this is applied the left blade. You then apply the right blade in a similar manner. Forceps is then locked. The saggital suture now occupies the right oblique diameter of the pelvis. Downward traction is now made until the head is brought to the pelvic floor, when a rotatory motion is given to the forceps and occiput is rotated to the right transverse, and later to oblique anterior. ceps is now removed and re-applied in the usual manner and delivery completed. The very best results are claimed for this manipulation, and although we have had several occipito posterior in this vicinity this past three months, we have treated these all by hand rotation, with the exception of one, which rotated into hollow of sacrum and was delivered very successfully with face to the pubes without any laceration. However, every practitioner should familiarize himself with this manipulation, so that, should occasion arise, he will be equal to that occasion. Williams, who is a recognized authority on this subject, says: "By this method I have obtained most satisfactory results, and have been able to deliver many women with ease after the usual methods had failed. Indeed, my experience has been so satisfactory that I have ceased to dread occipitor posterior presentations, and now regard them with equanimity, feeling that delivery can be safely effected when necessary."

THE MODIFIED SALICYLATE TREATMENT.

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Since the introduction of salicylic acid into the therapeutics of rheumatism by Maclagan, there has been quite some change in the views as to the causation of rheumatic conditions. Formerly we were taught to regard the disease as the result of an accumulation of uric acid or lactic acid in the system, and it was supposed that that specific effect of the salicylates was due to their neutralizing these substances and rendering them powerless to harm the tissues.