they obtain their cards entitling them to send for the extern attendant. The distribution of the cards is carried out by a clerk, who is not even a medical student, and, so far as I am aware, no harm has resulted from this practice." We suppose that, in the truly British fashion, they have "blundered through." It seems to us a criminal neglect that so excellent an opportunity to do good obstetrical teaching is thrown away. The one redeeming feature about the matter is that the article has excited much adverse and no favorable comment from correspondents. Perusal of the correspondence leads us to suspect that in the London hospitals there are some leaders who do not lead.

The second paper is on "Occipito-Posterior Presentation." This writer seems to have noted many of the more conspicuous symptoms of labor in this position of the head, but he most ignominiously sums up his treatment thus: "The best advice seems to be, allow nature a long time in which to rotate the head. Attempts at rotation by forceps usually fail. Pressing upon the front of the head during a pain is a safe procedure, and sometimes accelerates rotation. Best of all—go away and attend to other work and upon your return you will generally find the child born. In any case, think twice before using the forceps."

Perhaps the best comment on this advice is furnished by a correspondent who wrote to the *Journal* on March 17th: "In the spring of the year I attended a young and muscular woman in her first confinement. The labor commenced, but the first stage was unduly prolonged. I waited for three days; at the end of this time it was necessary to take serious stock of the situation." This gentleman had then recourse to a specialist, who rotated the head manually and delivered with the forceps. England has produced some great obstetricians, to whom the world owes much, but the general, and in some cases, this special practice does not seem as yet to have been lifted above the level of the midwife.