

rotation by means of the hand passed through the vagina to the shoulder of the fetus, in all cases which do not progress rapidly.

We are surprised to find that Dr. Jellett advocates the administration of a purgative "in all cases as soon as the first symptoms of labor appear." Our experience of this practice has been that it causes the contents of the bowel and of the uterus to be delivered at the same time, which is extremely unpleasant as well as dangerous. It is much better to administer an enema in all cases at the onset of labor.

We are pleased to note that the practice of twisting the placenta round in order to favor detachment of aftercoming membranes has been abandoned, as experience has led us also to give it up.

We are pleased to find that the intercurrent diseases of pregnancy have been much more fully dealt with than in most works on obstetrics. We think that the author over-estimates the dangers of heart disease in pregnancy. MacDonald's statistics of twenty-eight cases, showing a death-rate of 60.7 per cent., quoted in the text, are certainly misleading. This subject has been much more rationally dealt with in recent years by Wright and others.

In eclampsia we have long since abandoned the milk diet and hot packs advocated by the author, with benefit, we think, to our patients. When forcible delivery is determined upon in concealed accidental hemorrhage, the author prefers Bossi's dilator to Dührssen's incisions, and in all such cases he plugs the utero-vaginal canal after delivery of the placenta. In accidental hemorrhage, which is not concealed, the well-known Rotunda treatment of plugging is adhered to, justly, we think. The author states that in no case has he found an external changed to an internal hemorrhage thereby.

Primary uterine inertia has not proved so dangerous a condition in our experience as in the author's. The etiology and pathology of the surgical fevers of the puerperium is written by Dr. Rowlette, Pathologist of the Rotunda Hospital, and a good account of the germs which cause trouble is given. We think, however, that the clinical aspect of this subject is more important than the bacteriological, and that more might have been done to aid the obstetrician in his work. No description is given of the premonitory symptoms, and very little aid given in the diagnosis of the different causes which give rise to fever in the puerperium. Repeated vaginal and intra-uterine douching is resorted to before the introduction of the