

In Part VI. the matter and arrangement of the first two chapters, on Anomalies of the Mechanism, is very good.

With regard to the treatment of eclampsia we find ourselves at issue with Dr. Clifton Edgar on some points. At the Burnside Lying-in-Hospital in Toronto, under care of Dr. A. H. Wright, morphine has been freely used for the control of eclamptic convulsions, without any of the ill effects which have occurred in Dr. Edgar's experience. In the same institution the removal of small quantities of blood has, in *certain* cases, and the administration of saline solutions per rectum in *all* cases proved to be of undoubted value. With glonoin and veratrum viride we have had no experience. We heartily endorse his rejection of pilocarpine in the presence of eclamptic convulsions.

In Part VII., the Pathology of the Puerperium, the important subject of Puerperal Infection comes up. As was to be expected, the bacteriology of this question has been most ably dealt with by Whitridge Williams. We cannot, however, agree with him in his description of the symptoms. "In cases of septic endometritis everything goes smoothly for the first three or four days of the puerperium, when our patient, who thus far has done perfectly well, suddenly experiences more or less malaise," etc. It was pointed out by Professor A. H. Wright, in a paper read before the Toronto Medical Society this winter, that puerperal fever *never* sets in in a patient who has done perfectly well up to the third or fourth day. There are always prodromata, of which the principal are, rapid pulse, headache, sleeplessness and bad taste. Dr. Porter Mathew, in an examination of the clinical records of 12,000 cases of puerperal fever, did not find a single instance in which the puerperium had been perfectly normal up to the time of onset of the chill and fever. In treatment he advocates digital exploration of the uterus, which we endorse, but omits any reference to the benefits to be derived from saline catharsis, which has given such good results in the hands of Professor A. H. Wright and those who have followed his teaching.

With Part VIII., on Obstetric Surgery, we are, in the main, in accord. We cannot, however, agree with the author when he writes that "external version is indicated in cases where a breach presentation is diagnosticated during pregnancy." Manual rotation, in occipito-posterior cases, has been more successful in his hands than in ours. Throughout the whole book we admire the arrangement of the matter, which makes it easy to grasp the salient points. We consider it one of the best that has appeared for some time. Messrs. Lea Brothers & Co. are to be congratulated on the mechanical part of the production, which is almost faultless.