part of the abdomen is the favorite zone for absorption, and the object of the Fowler position is to cause the various fluids to gravitate to the lowest part of the peritoneal cavity. This position therefore does two things: 1. It helps drainage from the uterus; 2. it tends to prevent general peritonitis.

The value of rectal and subcutaneous injections of salt solutions is so generally recognized that no comment is necessary. Murphy tells us, however (and many agree with him), that the proper method of proctolysis is to allow the saline to trickle slowly into the rectum. He uses an ordinary vagina douche tip with three openings. The object of the extra openings is to "allow gas to bubble back into the can" as the water is pouring into the rectum. The elevation of the can should be from four to six inches above the anal level. "The nurse must be instructed to watch the patient closely, and not allow more than one pint and a half of the solution to flow in forty minutes to one hour. The tube can be strapped permanently to the leg of patient with adhesive plaster, a hot water bottle being used to keep the solution in the fountain warm. Every two hours the nurse pours in hot salt solution. There is no irrigation of the rectum. The patient may sleep while the procedure is going on, and the tube is retained for days."

In my own practice I have found that the retention of the tube causes much irritation, and I have generally ordered a pint to be injected every three or four hours. I have also thought that the injection of very large quantities of the solution is not advisable.

Membranous patches in the vagina are more common and more harmful than is generally supposed, and should always be looked for. When found they should be treated by applying strong lysol or carbolic acid twice daily.

Collargol was so highly extolled a few years ago that many of us expected much good from its use. I have no experience as to intravenous injection of this drug, and was very glad when Loeble and Schlissinger told us that rectal injections were as effective as the intravenous injections. For some years I used Crede's ointment, but during the last four years I have used rectal injections in a way recommended to me by Dr. McIlwraith—one teaspoonful of a freshly made 5 per cent. solution of collargol in a little milk, to be injected three times in twenty-four hours. I am not sure that I ever found any decided benefit, as I have never depended on it alone. However, I have enough confidence in the drug to still use it in many cases.

Only a brief reference will be made to Marmorek's antistreptococcic serum. It will be remembered that in 1899 the American Gynecological Society and the British Medical Association, both practically condemned it at their annual meetings. Notwithstanding such condemnation, many