

Don't prescribe a continuous douche for any patient. Think of the Irishman who you sometimes order a dose of salts for. If you do not see Pat for a year, the chances are at your first introduction Pat tells you he is still taking salts. Injections in contact with the uterus for a prolonged period, as with salines are injurious, and assist materially in the production of *prolapsus uteri*.

Don't forget, in treating woman, that she has other organs beside her uterus.

Don't think yourself "the real thing" if your patient recovers from an acute disease. Remember the maxim, "*Natura curat, medicus sanat morbus*."

Don't perform too many ovariectomies. Your future wife might be one of your patients, and a fruitless union is a sad commentary on the present century.

Don't expect too much from trachelorrhaphy. The best gynecologists are relegating the operation to the past, save in exceptional cases.

Don't, last but not least, fail to bear in mind the value of recognizing a valuable and trustworthy antiseptic, and use glyco-thymoline when such an agent is indicated.

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#### A REPORT OF TWO CASES OF SEPTICÆMIA SUCCESSFULLY TREATED WITH H<sub>2</sub> O<sub>2</sub> MEDICINAL.

By E. J. MELVILLE, M.D., Bakersville, Vt.

CASE 1—Feb. 6th, 1894, was called to see Homer B., aged 14, who had been ill with a swelling in right groin for three weeks. Had been treated with hot applications, etc., but during that time abscess continued to grow, and at the time that I first saw him fluctuation could easily be made out. Temperature 102.5°F. Pulse 120. Great emaciation. Constant vomiting. Daily chills followed by copious sweating, denoting pus absorption. Diagnosed appendicular abscess and advised operation. This was done the same day under local anesthesia.

Much pus escaped, and several small portions of fecal matter, denoting an opening into the gut.

Temperature remained high, and sweats continued for three days following operation, indicating the presence of pus. I then began the use of Marchand's H<sub>2</sub> O<sub>2</sub> medicinal, (15 vol.) so as to destroy the pus and morbid element which were still there. I injected 4 oz. of H<sub>2</sub> O<sub>2</sub> with a glass syringe slowly, while the patient was in the Trendelenburg position, and allowed it to remain about 15 minutes. The boy was then lowered and laid upon his right side, when large quantities of pus, broken tissue and gas flowed from wound. By gentle compression and massage of