SOME MORE DONT'S.

Mandatory literature has grown rather plentiful of late. Every now and then we have been greeted by a new array of Dont's, relating to this or that aspect of the medical calling, until there seems but little left to warn against We have Obstetrical Dont's, Chest Dont's, Surgical Dont's, others that may have escaped my eye, and lately a long list of Syphilitic Dont's, of which a few are given, in order that the reader may see how admirable and timely they are:

"Don't salivate your patient."

"Don't begin general treatment as soon as a chancre appears; it may not be a chancre." (*sic.*)

"Don't let your patient get diarrœa; if it comes on, stop it."

From the character of these and many of the other don'ts, I conclude that those which have occurred to me were omitted by the different authors either through an oversight, or because they did not wish to exceed a predetermined number, such as fifty or a hundred. I therefore hasten to rectify these omissions, in the hope that the several cautions, warnings and suggestions, which I, append may be as servicable to the busy practitioner as those which have gone before. Since the article is intended mainly for the benefit of the G. P., and not the specialist, I have thought it unnecessary to classify my Dont's, but have jotted them down just as they occurred to my mind:

Don't ask a three months' old baby to put out its tongue; it may not understand.

Don't forget that the liver is on the right side, the spleen is on the left.

Don't tell a patient your medicine has done him good until you make sure he has taken it.

Don't tie the umbilical cord and then cut it between the ligature and the child; divide it on the placental side.

Don't forget, before closing the wound in an abdominal section, to count your assistants; one of them may be concealed in the cavity.

Don't spit on your hands before beginning an aseptic operation; the saliva has been shown to contain microbes.

Don't try to deliver a child with a shoehorn; the regulation forceps are usually more satisfactory.

Don't cut down on a bone to ascertain whether it is broken; this method of making a diagnosis has not the general support of the profession.

Don't ask a woman how many children she has had until you discover whether she is married.

Don't remove the dressings each day and bend the limb to discover whether the fractured ends have yet knit together.

Don't neglect, before sewing up the wound in an abdominal operation, to enumerate the viscera; you may inadvertently have removed something that ought to be put back.

Don't give corrosive sublimate instead of calomel.—*Ernest B. Sangree, Times and Register.*

THE TREATMENT OF HERNIA BY ABDOMINAL SECTION.—Mr. Lawson Tait, (*Brit Med. Jour.*, Sept. 26, 1891,) advocates strongly the adoption of abdominal section for the reduction and radical cure of strangulated and incarcerated herniæ. The arguments which he presents in favour of this operation are that a perfect and accurate diagnosis will be made as soon as the finger in the abdomen reaches the internal aperture of the canal through which the protrusion is supposed to be made, and if the case proves to be one where hernia is not present, no harm will be done if the operation is properly carried out. If hernia is present, replacement of the viscera can be more safely effected by traction from within than by pressure from without, and if traction is gentle and cautious it is certain to be effectual. In a chronic case where strong adhesions exist, the sac may have to be opened in order to undo these adhesions. Ordinary adhesions are, he says, very easily undone by traction. The pieces of omentum which have been removed by traction from their sites of adhesion bleed, but the sites themselves do not, because their vascular supply is from the omentum; so it will only be necessary to examine the ends of the piece of omentum which has been torn out of the sac and to arrest bleeding to be sure that everything is satisfactorily accomplished. If a secondary opening of the sac is found necessary, he considers the self-evident objection of having two openings instead of one of very little weight, because the second small incision, if properly made and secured, cannot be the seat of subsequent protrusion.

If this secondary opening proves to be necessary for removing adhesions, the reduc-