

vagina or cervix does absorb freely, is it also true that the same takes place when the membrane presents no solution of continuity? I am inclined to think that it does, although I have not had sufficient cases presenting the required condition of being free from abrasion in order to demonstrate this point. As far as bichloride of mercury is concerned, I am positive that it is no exception to the rule, in the case of an abraded mucous surface.

I have had a case in my own practice, and I have the record in many cases in the practice of others, in which severe toxic effects have followed the simple irrigation of the vagina with a more or less strong sublimate solution. In the case in which it has occurred in my own practice, sudden diarrhoea, collapse, and suppression of the urine, but ultimate recovery, followed the post-partum introduction of a pint of a one in a thousand solution—but, of course, in this case there were doubtless many abrasions of the mucous membrane. It is also true that in the majority of cases of pelvic inflammation, with or without exudation, the epidermis of the vagina and cervix is, to at least some extent, wanting.

I have now been employing the local administration of bichloride of mercury in doses of one-tenth of a grain every three or four days, on a boro-glyceride tampon, during the last two years, about five hundred times in about fifty cases of vaginitis, endometritis, salpingitis, ovaritis, and pelvic peritonitis, and I feel sure the duration of treatment, before relief has been obtained, has been very much less than was the case before I adopted this method. Exactly how much of my success is due to the bichloride alone, I am unable to say, for the simple reason that, at one time or another of the treatment, in every case, I employed other remedies and measures in addition to it. One of my reasons for attaching so much value to the bichloride of mercury employed in this way, is that nearly every one of the diseases above mentioned is due more or

less directly to septic absorption, and that the more or less constant production of septic matter is necessary to keep up the disease.

The method in which I prepare these tampons is as follows: I make seventy of them at a time of different sizes, from the best absorbent cotton, which I then plunge into a pint of distilled water colored with aniline dye, and in which a seven grain bichloride tablet has been dissolved. If a pint is too much or too little, less or more water may be added, but I find that a pint can be taken up quite easily by seventy of these tampons. Each tampon will, therefore, contain one-tenth of a grain of bichloride. Care must be taken that too strong a dose is not employed, otherwise the discharge becomes irritating to the mucous membrane of the vulva. I employ these tampons in every case in which tampons are required, sometimes using as many as three or four of them either dry or after soaking them as well, in either glycerine or ten per cent. boro-glyceride. Although I believe that this quantity is quite sufficient to have a very material effect upon the germs of putrefaction, as well as on gonococci, the dose is quite harmless, there not being at any one time in the vagina more than an ounce of a one in ten thousand solution, or one-half an ounce of one in five thousand. I have noticed in every case in which I have employed them that the unpleasant odor of the discharges of which the patient had previously complained, has been completely removed, which alone would be enough to make it well worth while employing them. Another advantage is that tampons so prepared may be left from four days to a week without decomposing, which is greatly to be desired in cases which cannot be seen by the attendant every two days. I rarely, if ever, use pessaries, as I find, especially in cases where there are adhesions, that these tampons are painless, never light up inflammation, and are very effective in keeping