

another iodoform pencil inserted into the cavity. In some cases a second curetting in from 24 to 48 hours is required. Should there be any evidence of infection of the tubes, pain in one or both groins, etc., the ice-bag must be kept applied to the hypogastrium.

After this treatment patients may complain of cramp-like pains due to uterine contractions. In certain cases any uterine interference is succeeded by a chill, and in these cases care must be taken to disturb the patient as little as possible. It is wise to administer a stimulant before each douche also in these cases.

In metritis the curette is not of much importance, but the condition of the endometrium is the indication for its use. In this form, two or three prolonged hot antiseptic douches daily, and the scraping and cauterizing of the cervical laceration, constitute the local treatment. The same holds good for the treatment of para-metritis or cellulitis.

In Paris I have seen the constant irrigation of the uterus carried out with success. Here a constant flow of a 1 per cent. solution of carbolic acid is kept up for days until the temperature drops, or until the urine is black. Then instead of carbolic, a boracic solution is employed. The treatment is valuable but entails great trouble to carry out properly.

Now, gentlemen, I do not for one moment claim that if the course of local treatment here outlined be carried out, that fatal cases of septicæmia will not occur, or that pus tubes and sub-involution will become things of the past. I venture, however, to think that the physician with a clear idea of the condition present in the case before him, and a sound view of the treatment to be adopted, is in a better position to render assistance and perhaps save a patient's life, or save her from chronic invalidism, than he whose ideas of septic infection and its treatment are crude and uncertain.

The table of classification may not be perfect, but it forms a good working basis on which to outline a diagnosis.