

cerine pads, and then proceed to heat the cavity. To apply any remedy to the cavity, I think the best position for the patient is on her side with nates near to edge of the bed, then having introduced a good large sized Sim's speculum into the vagina, the os is fully exposed to view; then lay hold of the anterior lip of cervix with a pair of vulsellum forceps and draw down the parts, pass a sound gently through the canal to ascertain its exact course, cleanse out the cavity with one or more of Playfair's probes wrapped round with cotton wool (absorbent), then take another, previously bent to correspond to the cervical canal, dip it in the solution you are about to use, and pass it directly into the uterine cavity as far as the fundus uteri, turn it round several times so as to touch the whole of the interior and leave it there for a minute or more. Be careful during this part of the treatment that the surplus fluid does not run down the vagina and over the thigh, as it will cause a good deal of pain and discomfort to the patient. Unless nitric acid or some such caustic is being used, it is not necessary to use a cervical speculum or protector, for what fluid is wiped off from the probe in its passage through the cervical canal is only enough to treat this part of the uterus.

Now, as to the frequency of these applications, I think once in four or five days for the alterative and astringents is enough, once in ten to fourteen days enough for the caustic ones. After the application the patient had better, as a precautionary measure, remain quiet for a couple of hours on her bed, though I am constantly in the habit of making such applications in my own office. It is exceedingly uncommon to find any unpleasant symptoms follow such procedure; for my own part I never saw an accident occur. I know it is reported that fatal peritonitis has followed this plan of treatment, and I am inclined to attribute such an unfortunate accident to the fact that the case was badly selected, that some low inflammatory state existed and was not detected, and that the case was not a suitable one. The remedies used are not many; some recommend them in powders, some in ointment, some inject them, while others again apply them by means of a Playfair probe dipped in the desired fluid; this latter is to my mind the best. I do not like the way of injection. I once or twice used that plan but gave it up long ago on account of severe constitutional disturbance. The reme-

dies I most commonly use are carbolic acid (Calvert's No. 5), Churchill's iodine, iodized phenol, iodoform, nitric acid, and nitrate of silver. Undoubtedly many more might be added. The ones I mostly use of this list are carbolic acid and iodized phenol.

*Nitric Acid* is the strongest of them all, and should only be used for certain diseases; it is especially useful in the treatment of uterine fungosities, that sometimes obstinate disease to treat. Firstly, having dilated the cervix if requisite, and carefully scraped the whole surface of the uterus with the blunt curette, and then carefully wiped out the cavity, pass an armed probe previously dipped in the strong nitric acid through a cervical speculum into the uterine cavity. It is very necessary to use this useful little instrument so as to protect the cervical canal, otherwise sloughing and contraction might ensue subsequently. The vagina should likewise be protected by absorbent cotton dipped in a solution of carbonate of soda, so that if any acid runs out the vagina will not be injured. The application of this remedy to the uterine cavity is not painful nor have I seen any bad results ever follow its use. The patient should be kept quiet for two or three days in bed, and the remedy should not be applied again for ten or fourteen days. In the treatment of these growths I have seen the most excellent results follow; it is in fact, I think, the only condition calling for this strong caustic.

*Carbolic Acid*—This is a most useful remedy and one which I use largely. I find it especially useful in cases of uterine catarrh, and also in cases of tenderness of the inside of the uterine cavity. I am likewise in the habit of swabbing out the uterine cavity with this remedy after using the curette. Its action is slightly caustic and astringent and alterative. The preparation I am in the habit of using is Calvert's No. 5, simply because it is less caustic than the purer preparations. It causes very little pain, if any.

*Iodized Phenol*—Until I learned the good effects of this preparation, I invariably used Churchill's tincture of iodine, but of late I have quite abandoned it for this preparation. It was first introduced into practice by Dr. Battey of Georgia, and is made of one part of pure iodine to four parts of carbolic acid. This agent is particularly useful in cases of uterine hemorrhage, profuse menstruation, the result of imperfect involution, accompanied by