

service. Iodized phenol or zinc chloride solution 50 per cent. and iodoform bougies should be at hand.

Having carefully cleansed the perineum and lower part of the vagina, the speculum may now be introduced, so as to catch the cervix and expose it. If the latter appears healthy and the discharge from the os normal the speculum may be withdrawn, a vaginal douche given and any infected surfaces which have been cleaned may now be touched up with iodized phenol or zinc chloride solution, and the parts dusted with boro-iodoform and a pad applied.

Having first cleaned off the lower parts there is no fear of infection having been carried up by the nozzle or speculum.

Should the cervix be found infected and the endometrium abnormal, then the curette must be carefully used, followed by the brush. A good hot antiseptic douche is now in order, after which a pencil of iodoform should be introduced high up into the uterus and left there. In order to curette and douche the cavity of the uterus properly the anterior lip of the cervix must be seized with a tenaculum and drawn down, thus straightening out the uterus. Any lacerations about the cervix should be touched with iodized phenol before withdrawing the speculum. This operation can nearly always be performed without an anæsthetic; for it does not as a rule give rise to very great pain.

A great deal has been written against the use of both curette and brush in puerperal cases, but if one considers the state of the endometrium, it is apparent that a stream of water is quite inadequate to thoroughly remove the infected surface. The curette must be used with great care, as the uterine tissue in badly infected cases may be quite soft in areas. The brush I find of value as it entangles in its meshes any bits of tissue which may have been only partially loosened by the curette and are still too firmly attached to be removed by the succeeding douche.

The uterine douche may be repeated in 12 hours, and