

Much depends on how this examination is made, for if improperly made it may be the cause of serious harm. The patient should be placed on a table in good light so that the external genitals can be carefully inspected. The lower abdomen pubes, inner sides of thighs, buttocks, vulva and perineum should be carefully cleansed with soap and water and 1 per cent. lysol. The examination field should be isolated with aseptic towels. Hands and instruments used in the examination should be made surgically clean. The examination should be made from below upward, each organ in its turn systematically. First vulva and perineum, then after these parts are carefully cleansed we should examine vagina and cervix. Next a bimanual examination of pelvic organs should be made. Now if it is thought necessary to examine the uterine cavity, the cervix and vagina should be thoroughly cleansed before doing so. The uterine cavity is best explored by the aseptic finger covered by a sterilized rubber glove. Before exploring the uterine cavity it is advisable to secure some of the discharges in uterus (with a Doderlein tube) for bacteriological examination. By this method of examining from below up, we reduce to a minimum the risk of carrying infection from an infected area low down to a non-infected area higher up, and also the risk of producing a mixed infection in uterine cavity. The question as to what local treatment should be adopted is decided upon by this examination and the symptoms the patient presents. If infection is due to saphrophytes the symptoms will be those of sapremia, viz.:

(1) Elevation of temperature probably $102\frac{1}{2}$ or 103°F about the sixth or seventh day or earlier (2) Moderately increased frequency of pulse. (3) Offensive lochia from putrefaction of blood clot or separated secundines acted on by the saprophytes. The proper treatment in such cases will be to remove the offending material by careful irrigation with salt solution or 1 per cent. lysol, assisted by the finger or blunt curette. After the removal of the putrescent material the tract should be carefully irrigated and then gently packed with sterilized 5 per cent. iodoform gauze wrung out of formalin solution 1 in 500 or a solution recommended by Webster,

R. Glycerine (sterile)	$\frac{3}{4}$ iv.
Formalin	30 m.
Water (sterile)	Qj.

The gauze packing may be left in the uterus usually 12 to 24 hours and not renewed.

If the examination shows the genital tract free from putrefaction material and the general symptoms, such as rigors, high temperature and sweats, point to uterine and pelvic phlebitis,