brane of which may be more or less necrotic and infected with pathogenic organisms. The indications are first to clean the infected areas as thoroughly as possible, to bathe the surface left with some antiseptic which will either destroy or lessen the virulence of any micro-organisms remaining or finding their way into the cavity later, and to support the strength of the patient by easily digested food, stimulants, tonics, etc. At the same time the emunctories must be kept active, the action of the bowels, kidneys and skin being promoted.

Uterine injections of antiseptic solutions are no doubt of great value, but such injections may prove as potent of harm as of good. The antiseptic used should fill the following requirements: It should be cheap, of high microbicide power, potent in small doses, non-irritating, either to the patient's tissues or the physician's hands, its odour should not be disagreeable, nor should its retention or absorption by the patient lead to any toxic effects.

Time does not permit the discussion of the various antiseptics that may be employed, but I would take the opportunity to utter a word of caution in regard to the use of bichloride solutions, especially in the case of blends. I have seen two instances where I feel certain the toxic effect of the drug was obtained. Creoline in my hands has proved of service; from ½ to 2 per cent. solution may be employed. Permanganate of potash and iodine water are also valuable. The French use carbolic acid solution, and many Germans prefer lysol.

The uterine nozzle may be of glass or vulcanite, but should have a large curve and blunt tip. A Bozeman's catheter of large size is very convenient. To expose the cervix I prefer an ordinary large sized Sims speculum.

The curette used should be blunt and have the scraping surface at an angle with the shaft, which should be long. A pair of uterine forceps, two uterine brushes and a vulcellum forceps completes the equipment.

Two wire applicators for holding cotton swabs are of