

small, steady stream that can be stopped or started at the right time and directed to the desired spot.

A purgative of some sort is given the evening of the preparation and a saline early the next morning. This is followed in two hours by a soap-suds enema if necessary, and later by saline enemas until they return clear. The bichloride compress is not used for the reason that it macerates the epithelium and diminishes the regenerative powers of the skin. The dry dressing is as a rule undisturbed until after the anæsthetic has been started, when the final cleansing of the skin is done. Precisely the same technique is observed as in the preliminary cleansing, with the addition of one-per-cent solution of iodine, which follows the alcohol and is allowed to dry on the skin. The patient is covered by a sterile fenestrated sheet; the operation area is outlined by sterile towels and loosely covered until the operation is begun. It is an easy matter to overdo in our attempts at asepsis. Over-zealous scrubbing, too much energy expended in this direction, will defeat the end aimed at. Naturally in emergency cases the preliminary cleansing will have to be omitted. The solution of iodine may be made up with dilute alcohol or in accordance with the appended formula: Sodium iodide, 5.5 Gm.; water, 250 la : Iodine, 2.5 Gm.; potassium or Cc. This gives a 1 : 100 solution, which can readily be diluted to any desired strength by the addition of water.

Granted that the attainment of absolute asepsis of the skin is about as impossible as squaring the circle, it yet behoves us to try to reduce the bacteria to the smallest possible number to each square inch of sur-

face. In the preparation of the operation site one needs to have an intelligent appreciation of the possibilities of skin infection and the consequences of the same. As the complete sterilization of the skin with our present crudeness and limitations of science is a futile impossibility, we have to make the best use of the opportunities at hand. The value of the iodine solution as a germicidal agent for streptococci and staphylococci has been bacteriologically proven beyond a doubt; clinically this method has been productive of the happiest sort of results, and it is easy to conclude that as a chemical agent for at least the partial sterilization of the skin iodine is the most satisfactory substance we at present possess.

For purposes of mere mechanical cleansing of many of the mucous membranes of the body prior to operation I have the parts copiously flushed with physiologic saline solution. Urinary antiseptics are used to improve the sanitary condition of the urinary tract. A dilute solution (1 to 1000) of iodine is used to irrigate the vagina and uterus. The cleansing of the vagina is a subject often neglected; a careless sort of douche is given, and the part is said to be clean. Every part of the vaginal wall should be carefully cleansed with liquid antiseptic soap, hot water, and a thorough scrubbing with a gauze pad. Especial attention should be paid to the space just behind the cervix, where discharges are prone to accumulate and entirely escape the average douche. Alcohol causes too much burning for use on the mucous membrane even of the vagina. The soap should be removed by free use of warm water; thereafter the dilute iodine solution should follow.