

layers of cotton or lint to prevent contact of surfaces. These measures will obviate the danger of vulvitis and will add to the patient's comfort. If vulvitis occur, slightly astringent lotions or powders may be used in addition.

As the inflammation subsides it is sometimes well to irrigate with a solution containing 1 per cent. of nitrate of silver or 1 to 2 per cent. of permanganate of potassium instead of boric acid; or somewhat stronger solutions may be applied with a brush or a cotton swab. The cervical canal should be kept clean and should receive a daily application of a solution of nitrate of silver (3ss-ʒj ad fʒj). Following these astringent applications the vagina may be tamponed with cotton soaked in iodoform glycerin, borated glycerin, or glycerite of tannin.

If the urethritis tend to become chronic, injections such as those recommended for use in subacute gonorrhœa in men may be used, the bladder always being moderately full. Later, solutions of nitrate of silver in gradually increasing strength may be applied through an endoscopic tube. If the follicles are involved, they should be destroyed with the fine point of a Paquelin cautery, or with caustic or acid.

Acute Bartholinitis should be treated by rest and by hot local applications. If suppuration occur, the abscess should be opened and treated on surgical principles. In chronic Bartholinitis the gland should be enucleated or be destroyed by the cautery.

The treatment of gonorrhœal inflammation of the uterus and its appendages should be left to the skilled gynecologist.

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