

and saline cathartics will generally cure in such cases. Let the patient be anesthetized. Introduce the gloved hand within the vagina and fingers within the uterus. Scrape gently the debris from the uterine wall, wash out the uterine cavity with a hot salt solution, pack the uterine cavity fairly tightly, and the vaginal vault somewhat loosely, with 5 per cent. iodoform gauze. This gauze may be left in the uterus for twenty to thirty hours, *i.e.*, it may be introduced one day and removed at almost any time the next day. In nearly all cases of pure sapremia this treatment carried out within three or perhaps four days after labor will produce satisfactory results. This is practically Dührssen's method, as recommended something like fifteen years ago, and is simply one of the modifications of intrauterine treatment which have been carried out for about twenty-five years. These methods were so successful that they encouraged surgeons and obstetricians to employ very radical methods of intra-uterine treatment in cases of septicemia with most disastrous results. Strong antiseptic solutions were injected into the uterine cavity, and caused more or less necrosis of the tissues. Curettes sharp and dull were used with most deadly effect. Fortunately there has been a reaction during the last few years. With many who still believe in intrauterine medication for septicemia alcohol is considered safer than carbolic acid and other strong germicides. Many of us hold the opinion that no metallic curette should ever be introduced into the puerperal uterus. When I see in consultation a patient with serious symptoms after labor, and find that the attending physician has used a curette, I form the opinion that if the patient has sapremia she may recover; if she has septicemia she will die.

While one intrauterine douche may be of use, especially when one suspects sapremia, the continuation of such douches when no offensive debris is washed out, *i.e.*, when the patient has septic infection, is always injurious. Even in cases of sapremia one treatment, as described, is generally sufficient.

There is another class of cases which cause much anxiety. Take the following example: A healthy primipara had slight fibrile symptoms commencing the second day after labor; some odor in lochia third day. Dr. A., who had charge, ordered vaginal douches; some improvement on the fourth day; but the patient is not quite well for the three following days. Dr. B. saw the patient with Dr. A. on the seventh day. Pulse was 100, temperature 100 deg., some malaise, lochia was slightly offensive. Local treatment was carried out as follows: