

If the site of infection be a perineal or vaginal wound, and this is by no means uncommon, involution of the uterus may not be greatly interfered with. Let me quote the words of Smyly: "If a patient with a high temperature looks well, sleeps well, and says she is well, she is, at any rate, not septic." "If a patient with a high temperature looks very ill, sleeps very badly, and says she feels very ill, she generally is very ill." "If a patient with a high temperature looks very ill, sleeps very badly, but says she is very well, she will probably die." This last is the condition known as euphoria.\*

*Treatment in the Early Stages.*—As soon as the premonitory symptoms which I have described appear, the patient should be raised to a semi-recumbent posture to favor drainage; then give calomel grs. ii in divided doses, followed in 6 or 8 hours by magnesium sulphate  $\frac{5}{8}$  ss of the saturated solution every hour till the bowels are freely moved. Examine the vulva, vagina and cervix carefully. If any wounds are found showing a gray sloughing surface, touch them with pure carbolic acid and dust them with iodoform. Any stitches that have been put in must be removed. This treatment may be repeated every day until the sloughs clear up. If the vulva or vagina alone, and not the cervix are thus infected, do not touch the interior of the uterus. If by the third or fourth day the temperature is up, the uterus larger than it should be at that date, and especially if there be a putrid odour to the lochia, the following treatment should be adopted: Let the patient be anaesthetized and placed in the lithotomy position. Wash the vulva and vagina thoroughly with green soap and hot 1 per cent. lysol solution, using a gauze pad as a wash cloth. Then douche thoroughly with 1 per cent. lysol solution. Then pass the hand into the vagina and the fingers into the uterus and explore the whole cavity, removing all clots, shreds of membrane and bits of placenta, whether loose or adherent. Douche out the uterus thoroughly with 1 per cent. lysol, and pack it with iodoform gauze 5 per cent. To do this well you must grasp both anterior and posterior lips of the cervix with tenaculum forceps and draw it well down, both for douche and packing. The Bozeman's intra-uterine douche nozzle, large size, may be used as a packer as well as for the douche. The gauze should be renewed in 24 hours, and this is all the intra-uterine treatment that should be given.

This treatment will cure sapraemia, and I think also some cases of mild sepsis. If this treatment is postponed till the 7th day or later, it is not so effective. At such a period it should not be undertaken unless sapraemia is clearly present. Remember that by late interference severe septicaemia may be started by septic organisms which have had their virulence increased by the preceding sapraemia, and which gain entrance through small lesions produced by the treatment.

\*Jellet's midwifery, second edition, p. 136.