

The mere examination of the parts has too often been unjustly blamed for the septicemia that subsequently arises from the gonorrheal invasion of a raw placental site, or the septic poisoning produced by retained placenta. Look at those cases that are met with, in which a finger has never been placed near the parts; in which the child has been forced into the world before the doctor's arrival; in which the placenta has rapidly followed the birth of the child, apparently intact, and in which we have all seen fever develop subsequent to labor. How can we account for the infection in these cases?

Then somebody says that the placenta comes away readily of its own accord even if it has been retained, and that it does not produce the mischief with which it has been credited. I would like to convert the holder of such a belief by giving him a few actual demonstrations, but he must take my word for it that, while it occasionally happens that the placenta remains attached to the endometrium and continues its life without giving rise to symptoms of septicemia, yet in the vast majority of cases retained placenta eventually produces a septicemic condition.

I would have it clearly understood, however, that, while advocating the exploration of the uterus with the finger, I do so only on condition that it is carried out with very careful attention to septic and antiseptic details. The patient must be placed under the influence of an anesthetic. As I have already stated, in my opinion women should not be allowed to suffer the pangs of labor when we, whose work it is to assuage suffering, have within our reach a chloroform bottle. The patient will therefore only require a few more whiffs of the drug to place her in a condition of complete anesthesia. The finger and hands must be thoroughly cleansed, as for all the other procedures in connection with attendance upon a case of parturition. Doctors have surely begun to recognize the fact that every confinement is practically a surgical operation, and that it should be attended aseptically with all aseptic precautions. Unless these fundamental principles have been grasped, the practitioner is a menace to the lying-in woman. The external genitals should have been cleansed by the nurse.

In the next place the finger must satisfy itself that it has not, in its properly conducted search, overlooked any unloosened portion of placenta, and that none is allowed to remain behind. When there has been much handling of the interior of the uterus, an intra-uterine douche of a strong solution of bichloride of mercury can be used as an extra, though perhaps unnecessary, precaution. When the case is one of late infection, and placenta is removed ten, twelve or fourteen days after confinement, I always use iodoform gauze packing in the interior of the uterus. This packing is allowed to remain in for thirty-six hours. It assists