

R—Hydrargyri bichloridi . . . 3 ij.
 Acidi Tartarici . . . 3 x.
 Aquæ . . . 3 viii.

M. & S. A teaspoonful of this mixture contains two grains of bichloride of mercury and the addition of the tartaric acid renders it soluble. Then I provide iodoform and carbolic acid, and a needle and thread.

The nurse is instructed to wash the vulva of the patient with this solution and to see that the bowels are regularly moved. I make it a rule to never examine a patient without first washing the hands in a mixture of equal parts of alcohol and tincture of green soap, and next dipping them in a solution of bichloride of the strength of 1-4000. After delivery of the woman, which process I attend to myself, if the instruments or the hands have been introduced into the vagina, the uterus and vagina are washed out carefully and the nurse instructed to keep the vulva clean. The most practical method of doing that is never to use a sponge, because a sponge once infected cannot be again cleansed. I instruct her to throw, by means of a clean rubber bulb syringe, the bichloride solution into the vagina several times a day, and place gauze over the vulva, the gauze having first been squeezed out in a solution of bichloride and dried. Then if there is any odor to the discharges vaginal douches are given of bichloride solutions and afterwards 1-100 carbolic acid solution till the odor has gone. If the patient has a rise of temperature and chill the nurse is instructed to use the bichloride solution every hour in washing out the vagina. If the temperature does not fall to normal, then I wash out the uterus with a weak solution of bichloride or with a carbolic solution of the strength of 1-100 or 1-60. In washing the uterus out, I do not use a stiff glass tube, but a stiff gum catheter, No. 12, and I generally carry it up to the fundus. The connections are then made and the syringe pumped very gradually until the current passes down the vagina and out the vulva. It generally takes from fifteen to twenty minutes to clean out the uterus, and I use about a gallon of water. In a bad case of puerperal fever the first washing induces another chill and another rise of temperature. If you follow the instructions of the text books you will find that they advise the washing to be done but once in eight hours. I have proved to my own satisfaction the fallacy of this advice. The germs are not destroyed by the first nor the second washing, and they develop again in eight hours, so your washing is practically futile. I have learned from experience the value of frequent washing out of the uterus in cases of puerperal fever.

The late Dr. J. Marion Sims once attended a patient who developed puerperal fever suddenly at a hotel in this city. She was seized with a

hæmorrhage one morning and was carried up stairs flooding and in pain. Dr. Sims tamponed her after the orthodox fashion, but it did not stop the hæmorrhage. She was curetted the next day and the bleeding was so profuse that the tampon was again inserted. I objected to this procedure because both tamponings were followed by a chill and fever which the second time rose to 105° F. We had now a full fledged case of puerperal fever.

I then began washing out the uterus every three hours and remained with the patient till she was cured, and she is living to-day in perfect health. The mistake I made was in not washing out the uterus every hour. I once washed out the uterus of a patient who had puerperal fever every hour for twenty-four hours and at the end of that time the patient recovered. The next patient I had got well in twelve hours. When I went to Bellevue Hospital as visiting gynaecologist some years ago, the death rate of patients suffering from puerperal sepsis was four out of five cases. Nine patients with puerperal fever happened to be there, in all whom the fever had been present for twenty hours. I washed out most of these cases myself and succeeded in curing seven out of the nine. Since that time the house staff of Bellevue Hospital have adopted this method, and four out of five cases are now cured instead of four out of five dying as formerly.

One mistake I wish to call your attention to, which you are very apt to make in washing out the uterus in a case of puerperal fever, and that is, in the use of a stiff double catheter and failure to pass it to the fundus. If you ask some teachers what is the larger cavity two or three days after the uterus has contracted, the cervix or the fundus, you will be told that the latter is the larger. It is of great importance to remember this, as it is a frequent source of trouble. I will relate a case to illustrate this:

About three months ago I was called upon by a doctor to attend a relation of his who was quite sick. This woman had had a baby about ten days previous to his visit. She did very well the first week of confinement, but at the end of this time she experienced chilly sensations and a rise of temperature of 102° F. or 103° F., with some sore throat and an abscess developing in the tonsils. The doctor opened the abscess, taking it for granted that the fever was due to the throat trouble. The next morning she had a chill and a temperature of 104° F. or 105° F. The patient was attacked by one chill after another till the fourth or fifth day after the first chill when she was considered in a hopeless condition. When the doctor called on me and stated these facts I told him it was rather late, but I would go up and see what could be done. I called at 10 o'clock at night and made an examination of the patient. I