

who practised the methods. We carefully compared notes, and had many discussions on the subject. His methods of antisepticism both in surgery and obstetrics were very carefully and thoroughly carried out. He had high temperatures more frequently than I; but for years he thought they were due to accident and not to his methods. He thought, as did many others, that the douching with weak solutions of carbolic acid could certainly not do any harm, if carefully done. Although he has since relinquished obstetrics for the more narrow field of surgery, he quite came to the conclusion before his departure that the douching was at least useless in normal cases. I do not know whether it was Breisky or Tarnier who first used the expression, "Everything that is useless is dangerous," but it has always struck me as being both true and sensible. If it can be shown that douching is useless, it is surely better not to carry out a method which is very distasteful to women,* whether it be dangerous or not. I think, however, it is both useless and dangerous, and will endeavor briefly to give my reasons, which are founded partly on the results of my own observations, but chiefly on the reports of those who have had experience in the larger maternity hospitals in various parts of the world.

(1) Douching disturbs that perfect rest and quiet which are so desirable for a patient after labor. I do not now refer to surgical rest of wounded tissues, but to rest in a general way, which is so delicious to a weary and more or less exhausted woman. I have often thought, and sometimes stated, that meddlesome midwifery reached the acme of absurdity when, in 1883, a distinguished New York gynecologist recommended about the most persistent and aggressive obstetric meddling that had ever been conceived by the brain of man. He advised, among other things, the administration of a douche every eight hours, and the introduction of an iodoform suppository every two or three hours for at least ten days after delivery; that is to say, the bruised and lacerated vagina was to be invaded from eleven to fifteen times every twenty-four hours for at least ten days, if the unfortunate victim should live so long. Little wonder was it that Fordyce Barker entered a strong and vigorous protest!

(2) Douching is unscientific on surgical grounds. After labor the utero-vaginal canal is bruised and wounded. On surgical principles, the most important points in the treatment are rest, pressure, position, and drainage. By rest I refer to that physiological rest to which so much importance has been attached by Hilton, and many others. The wounds of the cervix and vagina are, as a rule, kept closed by the elastic and even pressure of the surrounding tissues. The introduction of suppositories and douching seriously interfere with rest and pressure as described, and, in my opinion, materially delay the healing of those wounds. The recumbent posture, with the slight changes in position required in voiding urine and feces, is well adapted for drainage.