

## CONTINUOUS IRRIGATION IN PUERPERAL SEPTICÆMIA.

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On August 29th Mrs. C. passed through her third confinement. Labor was normal, a healthy child was born, and there were no noticeable lacerations. I saw her subsequently on the second and fourth days; pulse and temperature were normal. I left her with instructions to send for me if anything went wrong. On the 8th September she got up, it being the eleventh day after her confinement. The next two days she did not feel so well, and on the eleventh, at 2 a.m., she sent for me. I found her in bed; temperature 104 2-5, pulse 124. On examination found a persistent discharge exuding in considerable quantity. Washed out the vagina and uterus and curetted with dull curette. A few shreds only were found in the uterine cavity.

Gave 5 gr. quinine every four hours. At 10 a.m. no change. I again washed out the uterus with bichloride. At 2 p.m. temperature 104 4-5, pulse 134. Called Dr. Mallory in consultation. At 4 p.m. we again gently curetted and disinfected; at 7 p.m. no improvement.

Considering the case critical I resolved to try continuous irrigation. The os being quite patent, I introduced a male metal catheter bent to the proper curve, and attached it to a fountain syringe, the patient being placed on a Kelly's pad near the edge of the bed. Sterilized warm water was allowed to flow through her uterine cavity at the rate of about six gallons an hour. After four hours the temperature began to drop and the patient fell asleep. Irrigation was continued for four hours longer, or until 3 a.m. At this time the condition of patient was as follows:—Temperature 100 4-5, pulse 105, headache gone, patient resting easily. Stopped irrigation for two hours, and allowed patient to rest. At 5 a.m. temperature and pulse were found to be rising. The irrigation was then continued eight hours longer. At end of this time, temperature 101, pulse 104, the irrigation was discontinued for two hours. The temperature rose during the second hour to 103, pulse 112. Irrigation was again commenced and continued for seventeen hours longer. By this time temperature was again down to 100 4-5, pulse 102. In two hours it again started to rise. Irrigation was again continued fourteen hours; temperature remained between 101 and 102.

By this time I was convinced that the slight fever remaining was caused by streptococci in the blood. I administered 10 c.c. antistreptococcic serum and stopped continuous irrigation. Within six hours temperature dropped to normal, pulse to 95. For two days longer it was necessary to irrigate uterus every three or four hours with bichloride, and after that twice a day, about a gallon of bichloride, 1-5000, being used each time. Later this was changed for carbolic acid 1-40, as the bichloride was found to cause smarting.

Four days after treatment was commenced the temperature reached normal and remained so, injections being merely kept up as a precautionary measure, and on eighth day patient was able to sit up for her meals.

There are two chief points of interest in this case.

First, the prompt action of the continuous irrigation in relieving all the urgent symptoms.

Previous to its rise the case had been treated vigorously in the ordinary way, the uterus being first curetted and then washed out every three or four hours. But between these treatments considerable discharge would form and