

THE Canadian Practitioner

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OF THE MEDICAL SCIENCES.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

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INTRA-UTERINE AND VAGINAL INJECTIONS.

The dangers connected with the administration of intra-uterine and vaginal injections are now generally recognized; and their use in the puerperal period, as a matter of routine for prophylactic purposes, is an exceedingly rare thing at the present time. We have authentic reports of twenty-two deaths resulting from the use of the perchloride of mercury in douching the uterus or vagina. It is well to remember, however, as Tarnier tells us, that perfectly innocuous solutions (even plain water) have caused death when injected into the uterus, undoubtedly in consequence of the entrance of air into the veins.

It is the custom of many, if not the majority, of those in charge of maternity hospitals to have one vaginal douche administered before labor. Dr. Garriques, of the New York Maternity Hospital, believes that such douching removes both dirt and microbes, but that it should not be repeated. Others, including Dr. Joseph Price, of Philadelphia, think the injection, during or immediately before labor, is in the interest of the child, as it tends to prevent ophthalmia. During the past year observations were made in the Burnside Lying-in Hospital, of Toronto, with a view of learning whether there was any efficacy in such douching. For six months a vaginal douche was given in every case before labor. During the following six months no such douches were used, excepting in cases of patients who had gonorrhœa. There was no appreciable difference in the results, during the two periods, which were uniformly

satisfactory. This would indicate that the single douche, early in labor, does neither good nor harm. Frequent injections, however, during labor are probably injurious, because they keep the vagina abnormally dry by repeated removals of the physiological mucus. One injection is not likely to do harm in this respect, inasmuch as a new supply will soon be secreted to replace the mucus which has been washed out.

Garriques (*Medical News*, Nov. 26) thinks, as do many others, that vaginal injections should be given after labor in certain difficult cases in which hands or instruments, or both, have been introduced into the vagina, and that a similar rule should apply to the uterus. The writer does not consider that under such circumstances, if the instruments and hands are clean, either the vaginal or intra-uterine douches are at all necessary, or even advisable. Dr. Garriques believes the practice of using prophylactic intra-uterine injections is unjustifiable on account of the dangers of carrying microbes into the uterus, and interfering with thrombi closing the uterine sinuses. Why add these dangers in an abnormal case? The writer's rule has been, for the past ten years, to use no puerperal uterine douching unless some positive and definite indications call for it.

In cases where intra-uterine injections are used, it will be well to observe the following rules:

- (1) Do not use a sublimate solution, because it is dangerous; but rather one of the following: creolin, iodine, salicylic acid, or permanganate of potassium.
- (2) See that all the air is driven out of the tube of your injecting apparatus before the nozzle is inserted in the vagina or uterus.
- (3) Use but little force. When gravitation is the agent, the receptacle for the fluid should not be placed more than fifteen inches above the level of the patient's pelvis.

THE UNIVERSITY RESIDENCE.

The council of University College recently decided that only undergraduates in arts should, in the future, be allowed to live in the residence. It has gradually been supposed that the residence was open to all students of the university, but the members of the college