

# MEDICAL SCIENCE

VIDEO MELIORA PROBOQUE

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## ORIGINAL ARTICLES.

### THE DANGERS AND ACCIDENTS OF LOCAL TREATMENT IN PUERPERAL CASES.

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DR. Matthews Duncan has somewhere remarked that the subject of antiseptics in midwifery is by far the most important obstetrical question of the day, being of even greater moment to the public than the prevention of epidemics: for while epidemics come at intervals, puerperal septicaemia is a constant menace to the lives of a most valuable portion of the community. Antiseptics may justly be said to have revolutionized the practice of midwifery, so that results impossible a few years ago, are now everywhere obtainable. Antiseptic midwifery, in some form or other, is practised almost universally; but unfortunately general use is apt to run speedily into abuse, and the antiseptic system is no exception to the rule. Uterine and vaginal douches, when properly administered in suitable cases and at suitable times, are invaluable; but otherwise they may prove dangerous. To point out some of the dangers and shew how they may be avoided is the object of this paper.

The opinion seems to be prevalent among the profession that, while the intra-uterine douche is *generally* safe, the vaginal douche is *perfectly* so. No particular skill is considered necessary. Impressed with its harmlessness, some recommend the antiseptic vaginal douche as a prophylactic against infection during the puerperal state, and advise its use in all cases. Not unfrequently we find the operation entrusted to the nurse, or some incompetent person, without direction or supervision, as if douching was a trivial matter, out of the province of the physician, or perhaps beneath

his dignity. With such doctrines and practice I cannot agree, for in my opinion prophylactic douching during the puerperal state is not only unnecessary, but frequently also the cause of serious harm. Though believing in thorough antisepticism during labor and the puerperal period, and admitting the value of vaginal and uterine douching in certain conditions, I am nevertheless convinced that the douche is not perfectly harmless, and that it should be used only when clearly indicated, and then with caution.

Liability to absorption through tears, fissures, abrasions, and other traumatisms constitute the chief danger of the vaginal douche. The contraction of the constrictor muscles narrows the orifice of the vagina, and favors sacculation of its canal; consequently part of the injection is apt to be retained, perhaps for a considerable time. Indeed absorption is more liable to take place through the vagina than through the uterus; because the latter usually contracts firmly, and empties its cavity, especially if the injection be hot.

For various reasons the intra-uterine douche is more dangerous than the vaginal, especially if the current be too strong, or the outflow insufficient. Fluid may be forced through the fallopian tubes into the abdominal cavity, causing acute peritonitis, or even death as in Vuhtz's case; or a thrombus may be dislodged from the placental site, and hæmorrhage take place; or air may find its way directly through the uterine sinuses into the veins; or some of the injection fluid may enter the veins. In Stadfeld's case, symptoms of poisoning appeared while a large sublimate douche (1-5000) was being administered, proving that the mercuric solution entered the circulation directly. The uterine sin-