

THE LOCAL TREATMENT OF INTRA-UTERINE SEPSIS.

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Hitherto the local treatment of sepsis of intra-uterine origin has been unsatisfactory, and in spite of modern aseptic and antiseptic methods the death record is yet by no means insignificant. The usual treatment by first curetting the uterus and afterwards washing it out every few hours with bichloride or some other antiseptic solution is far from being followed by uniformly good results. Continuous irrigation is a great advance upon intermittent washing, and in the cases in which I adopted it some years ago, I had good results, but the treatment is very wearisome and annoying to the patient on account of the length of time it requires to be kept up. In looking at a case of intra-uterine sepsis there is seen a soft, flabby uterus, with feeble contractile power; in the inside decaying shreds and remnants and open absorbents bathed in a highly septic and infective fluid. The problems are to get rid of, or to render innocuous the decaying matter, to destroy or remove the septic germs, to seal up the absorbents and to promote the contraction of the uterus. The treatment I now adopt and from which I have had unvarying success is as follows:

I first explore the uterus with my finger, and if there is a fragment of placenta of any size retained it is removed with the finger nail. I never now use a curette in a septic uterus, for to me it seems most unscientific and dangerous to blindly scrape the inside of a uterus bathed with septic discharge. Every piece of epithelium removed opens up a fresh absorbing surface, so that it might be laid down as a rule that the more thorough the curetting the greater the danger to the patient.

My next step is to pass a cylindrical glass or hard rubber speculum of large calibre, and through this wash the uterus thoroughly with warm water, passing the tube up to the fundus. The syringe I use is simply a hard rubber tube about the size and length of a No. 10 catheter, in fact a No. 10 gum elastic catheter would do very well, having attached a syringe bulb capable of holding an ounce or so of the fluid.

When the water flows back clear, I fill the syringe bulb with tincture ferri perchlor. pass it to the fundus and inject it. The uterus contracts and expels the fluid which is removed from the speculum without having come in contact with the vagina. If the iron does not come away at once a second syringe full is injected and it escapes immediately. The uterine cavity is again washed with water to remove any of the tincture which may otherwise trickle down and excoriate the vagina. This