

some of the injection fluid may enter the veins. In Stadfeldt's case, symptoms of poisoning appeared while a large sublimate douche (1 to 5000) was being administered, proving that the mercuric solution entered the circulation directly. The uterine sinuses, firmly attached to the muscular wall of the uterus, are closed during muscular contraction, but gape open during relaxation; therefore, in relaxed conditions of the uterus, fluid or air may readily penetrate into the veins. I have seen sudden death produced in this way during an intrauterine injection of perchloride of iron for post-partum hemorrhage.

The fluids most commonly used for injection are plain water or solutions of permanganate of potash, carbolic acid or corrosive sublimate. Plain hot water is the safest, and is quite sufficient when debris is to be washed away and a simple mechanical effect is the only one desired. But in septic cases where germicide action is also required, corrosive sublimate is by far the most effective, but at the same time it is the most dangerous. Death has occurred in sixty hours from the effects of an intrauterine sublimate douche (1×2000). Patients suffering from anæmia or kidney troubles are very susceptible to the action of mercury; so, too, are those who have recently been under mercurial treatment, or in whom there is marked atony of the uterus or extensive traumatism of the genital tract. It may be taken as a general rule that sublimate injections are contra-indicated in all such cases, or should at least be given with the greatest caution.

Frequently an intrauterine douche is followed by a chill and rapid rise of temperature (104° or over), accompanied sometimes by colic and abdominal tenderness. As a rule, these symptoms are of nervous origin, though exceptionally they may be due to absorption. In men, the passage of a catheter or sound is occasionally followed by a sharp rigor and high fever; surgeons call this urethral fever, and attribute it to nervous influences. Similar symptoms may be caused by the passage of a uterine sound or by artificial dilatation of the cervix, without any evidence of inflammatory mischief; nervous influences are undoubtedly the cause. So in like manner, the passage of a foreign body (irrigation-nozzle) into the uterus, and the distension of the uterine cavity with fluid, especially if the outflow be