

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 show how they may be avoided is the object of this paper.

The opinion seems to be prevalent among the profession that, while the intrauterine 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 the cause of serious harm. Though believing in thorough antiseptics 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 or other traumatisms constitutes 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 infection 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 intrauterine 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 Vöht's case; or a thrombus may be dislodged from the placental site and hemorrhage take place; or air may find its way directly through the uterine sinuses into the veins; or