

Patient anesthetized, rubber gloves used, hand in vagina, fingers in uterus, gently scraped the walls; little debris, slightly decomposed; weak antiseptic douche used; utero-vaginal iodoform gauze tamponade; plug removed the following day; patient grew worse after this treatment; had the ordinary symptoms of a somewhat acute septicemia. Died in about sixteen days after this treatment, or twenty-three days after delivery. Post-mortem examination showed septicemia.

Let us suppose that this was at first a mild sapremia. We are told that streptococci are frequently found in cases which are clinically diagnosed as sapremia. It seems probable that the presence of saprophytes attracts in some unexplained way streptococci, which are practically ubiquitous, and perhaps increase their virulence. In this instance there was probably a mild sapremia followed by, or accompanied by, a mild septicemia. Nature was making a vigorous fight against the invading organisms and their toxins. She was throwing out a wall of cell infiltration, which was acting both as a barrier against the organisms, and a filter of the toxins. This is something like the granulation tissue which we find in external wounds. Within this layer of tiny cells, or "reaction zone," we find a necrotic zone containing the attacking organisms.

In carrying out any local treatment we have to consider this reaction zone. If, by our manipulation we injure some of these tender cells we open vessels which will at once allow the ingress of the attacking organisms. There seems but little doubt that even the smooth gloved finger tips frequently injure enough of these tender cells to practically destroy the barrier which keeps these little enemies out of the system. If it be granted that manipulation either with the finger tips or with a curette is dangerous the question arises—What are we to do? We have found that antiseptic solutions which are strong enough to destroy virulent streptococci cannot be injected with safety into the uterine cavity.

Without further comment I desire to express my opinion (and I do so with much diffidence) that after the fourth day following labor, neither the finger nor the curette should be introduced into the uterine cavity. If there is an offensive discharge, not due to retention of lochia in the vagina, an intrauterine douche of warm salt solution may be used. If the return flow brings away some debris the douche may be repeated once or twice at intervals of some hours. If the return flow is clear the douche should not be repeated. In administering the douche no hard nozzle should be used. The