

is from without—infection brought into the organism. If this proposition be correct, it follows that the first and most important part of our duty in the treatment of puerperal women is prophylactic and to fortify the system so that it may be able to resist and throw off such infection should it gain entrance. Upon this we are all practically agreed, but when it comes to putting our theories into practice I fear that our ideas differ very widely indeed. We say that prophylaxis is a good thing to strive for, but how are we to develop a technique to this end? Some find careful hand disinfection, rubber gloves, the antiseptic douche, etc., the thing to be relied upon. Indeed, this douche is a sort of universal panacea with some and is given for all sorts of things. I do not believe there is such a thing as an antiseptic douche, that is to say, a douche which contains some chemical ingredient which will destroy all pathogenic germs present in the passages. If we used a douche strong enough for that, it would poison the patient; moreover, it lies in contact with the uterine canal for such a short space of time that its effect is practically to be neglected. The action of the douche is mechanical, to flush out and wash away debris, but not antiseptic to destroy germs. The part of this paper which seems to me of the utmost importance is the description of the means we adopt to obtain prophylaxis, that is to say, the means by which we cleanse the parts and avoid the possibility of conveying infection. The most important of these preventive measures are the emptying of the bowel and the making of the vulva perfectly sterile and clean. If the vulva is foul and contains infectious matter you can very easily carry such matters into the vagina and into the uterus. Another point brought up is the use of ergot. The careful watching of the patient throughout the puerperal period, the careful watching of involution and the use of ergot until involution is complete or at least until the uterus has become a pelvic organ are necessary. These are all matters of prophylaxis and these are the things upon which we should concentrate attention and I am sure that then our results would be much better. The question of the douche is a difficult one. In preparing the hot intrauterine sublimate douche how often is sterile hot water used cooled down to the desired temperature with tap water. How can such a douche be sterile? In Philadelphia, some years ago, in some fatal cases of tetanus following an intrauterine douche, an examination of the tap water shewed the presence of tetanus bacilli. The chemical germicide did not kill the tetanus bacilli, how could it be expected to destroy pathogenic organisms in the uterus? Only sterile water, hot and cold, should be used in preparing a douche.