

As before mentioned it is generally recognized that the vagina is an aseptic tract. On this account many obstetricians in various parts of the world use simple sterile gauze for plugging the vagina before labour. It happens, however, with such material that the tampon becomes foul in twelve hours, while with iodoform or some other form of antiseptic gauze the tampon may be left in one or two days (or more, in some cases) without becoming foul. It is generally conceded now that antipartal douching is unnecessary if not harmful.

There are two or three other matters of vast importance to which brief reference will be made. In doing so it will be more convenient for me to speak in the first person. In the first place I do not think that the vagina ever becomes, nor do I think that it can ever be made sterile by either the surgeon, the gynaecologist or the obstetrician. After labour, though a number of organisms may be flushed out and forced out by the passage of sterile discharges, child and placenta, some of these organisms remain. If lochial discharges are retained in the vagina for a few hours they always become foul through the action of these (let us call them) saprophytic germs. Then these organisms multiply with great rapidity, pass up into the uterus, and cause decomposition of the blood, bits of placenta, or membranes. We have then foul lochia and constitutional symptoms indicating septicæmia.

Local treatment together with the administration of calomel and saline cathartics will generally cure in such cases. Let the patient be anesthetized. Introduce the gloved hand within the vagina and fingers within the uterus. Scrape gently the debris from the uterine wall, wash out the uterine cavity with a hot salt solution, pack the uterine cavity fairly tightly, and the vaginal vault somewhat loosely, with 5 per cent. iodoform gauze. This gauze may be left in the uterus for twenty to thirty hours, *i.e.*, it may be introduced one day and removed at almost any time the next day. In nearly all cases of pure septicæmia this treatment carried out within three, or, perhaps, four days after labour will produce satisfactory results. This is practically Dührssen's method as recommended something like fifteen years ago, and is simply one of the modifications of intrauterine treatment which have been carried out for about twenty-five years. These methods were so successful that they encouraged surgeons and obstetricians to employ very radical methods of intra-uterine treatment in cases of septicæmia with most disastrous results. Strong antiseptic solutions were injected into the uterine cavity, and caused more or less necrosis of the tissues. Curettes sharp and dull were used with most deadly effect. Fortunately, there has been a reaction during the last few years. With many who still believe