suppressed, and there is no odour at all. Incidentally, it is not uncommon for the mistake to be made of assuming that there cannot be an intense infection just because the lochial discharges are not offensive. In some cases, especially where portions of placental tissue have been retained in the uterus, the discharge is bloodstained, and there may even be severe hæmorrhage.

So much for the signs of the infection. We must now see what the results may be. Obviously, if the disease is not checked by the barrier of leucocytes, some sort of spreading into the interior of the body will take place.

The infection may, in point of fact, travel along one of three different paths, or along all of them. In the latter case we get a mixture of signs, but it is well for the sake of clearness to think about them as different types of disease. The routes are as follows, and progress may be either slow or rapid along each different track:—

(*a*) The tubal route. Here the infection spreads along the fallopian tubes (see diagram I.*), and inasmuch as these lead directly from the interior of the uterus into the peritoneal cavity, the sequence of this kind of infection is peritonitis. If the microbes travel quickly the result is a general suppurative peritonitis, the whole abdominal cavity becoming quickly filled with pus. This type of infection is almost always fatal, and may be recognised clinically by the distension and immobility of the abdomen, by the rigidity of its walls, and by the signs of general poisoning which so rapidly set in. Inasmuch as I have described this condition in a previous number of the Journal,** I need not dwell on it here.

If, however, the infection does not travel so fast, adhesions form and seal up the fallopian tubes—which then become distended with pus; the tubal adhesions soon become further strengthened by matting together of the intestines and peritoneum round their mouths, a condition known as pelvic peritonitis. The outlook here as regards life is much more hopeful, but, inasmuch as the abscess, unless evacuated by surgical methods, is apt to track about the pelvis, a condition of chronic invalidism is not uncommon.

(*b*) The circulatory route. Here the organisms pass directly into the blood vessels which run in the walls of the uterus, so that if the infection is intense, the general blood stream becomes quickly full of microbes, and the patient suffers from the signs (to be described in the next lecture) of general blood poisoning or septicæmia. Sometimes, however, the process is not so rapid, and clotting takes place—thrombosis, as it is called—of the veins in and around the uterus, so that a sort of barrier is erected there between the uterus and the general circulation. Inasmuch, however, as this clot itself contains organisms, portions of septic matter are apt to be detached from it and deposited by the blood stream in other parts of the body, so that abscesses form in these situations. The condition is then known as pyæmia.

(*c*) The lymphatic route. Here the poisons or the organisms pass through the lymphatic vessels, and the parametrium, or tissue surrounding the uterus, becomes infected. Here again the infection may be either a rapid one, so that the connective tissue becomes gangrenous and seems almost to melt away, or, more commonly, an abscess forms a little later, which bursts into the vagina or externally. Then many adhesions may form round the uterus, binding it down in faulty position, so that the patient becomes, as after an attack of pelvic peritonitis, a chronic invalid. A very large number of poor, worn-out looking women, who make up the miserable crowd of the gynæcological out-patients of our hospitals, are, or have been, suffering from puerperal infection. I do not think there is in a hospital any sadder sight than the long line of these patients. One can almost read the story of their domestic life in their faces. And every bit of this suffering is preventable.

* *B.J.N.*, November 28th, 1908, page 427.

** June 22nd, 1907, page 463.

A WORD FOR THE MENTAL INCOMPETENT.

Dr. Bertha C. Downing, in an interesting paper on the above subject in the *Dietetic and Hygienic Gazette* says:—"Until nurses are trained in psychology so that they understand something of the personality of their patients and how illness changes this personality the camisole, the muff, and other like tortures found in our institutions (hospitals?) for the insane, epileptic and feeble-minded, will not pass away. Neither will our patients in our general hospitals have the care they ought. With the knowledge we have to-day non-restraint should exist in the care of our mentally diseased ones. I recall a ward in a State institute for the insane where the attendant was a slight, small woman, whom nature endowed with a natural ability to deal with such people, who in 18 months never once had trouble with her charges. The big, burly men who are often placed over cases in the "violent ward" are always having trouble, and most of this trouble my own observation tells me is due to the attendant not understanding his charges."

previous page next page