they almost certainly do—but even if they are sterile, the vagina of the patient is not, and it is possible to carry up into the uterus organisms which, though quite harmless, and even useful in the vagina, may grow vigorously in the cavity of the womb after the child has been delivered, and may infect the "wound" which is on the placental site. So, *every examination which is made during delivery makes puerperal infection possible.* And the risk is very much greater if it be found necessary to use forceps to facilitate delivery, and especially if the hand of the physician has to be introduced into the uterus afterwards to remove an adherent placenta.

Similarly, the risk is also greater if any wound other than the "natural" one at the placental site be made artificially, such as the tearing of the neck of the womb by premature application of forceps, or of the perineal outlet by the passage of a child with an unduly large head.

If, now, we bear in mind what we have noted about wound infection generally, it will not be difficult to follow the chain of events in puerperal infection. We should expect to find changes in the wound and its neighbourhood on the one hand, and signs of general infection of the system on the other.

Let us assume, then, that organisms have entered the uterus, and are growing therein. They will, of course, form poisons or toxins which will be absorbed into the circulation, and will give rise to more or less intense general disturbance, which may vary from merely a slight temporary rise of temperature, with a little headache, to rapid unconsciousness and death in twenty-four hours from hopeless intoxication from the septic poisons. Between these extremes comes a condition resembling that found in typhoid fever, where the patient becomes delirious and prostrate, with a high temperature, which may last for several days or even weeks.

Locally, the changes depend on the course that the organisms themselves — apart from their toxins — take. Thus they may get no further than the placental site itself, in which case a certain amount of inflammation occurs there, with formation of pus which is discharged externally, and causes the lochia (or discharges after delivery) to become thick and putrescent. Or they may penetrate deeper into the walls of the uterus, and involve the whole organ, in which case the womb instead of contracting to its normal size remains large and tender, and we have a chronic discharge with pain in the back and incapacity for any exertion on the part of the patient. Later on, this form leads to the various kinds of pelvic invalidism which in women of the poorer class means a weekly pilgrimage to the hospital, and in wealthy people generally results in a life on the sofa varied by the consumption of tablets of antipyrin, phenacetin, aspirin, and so on, with which the patient drugs herself into a hysterical condition so that she becomes a nuisance to herself and her relatives. Indeed she is fortunate if alcohol and morphia are not included in the list of refuges to which she flies for relief of real or imaginary pain.

But the organisms may take another course, and travel up the Fallopian tubes which lead from the uterus directly into the peritoneal cavity; if they reach this, general peritonitis follows, which is invariably fatal unless the abdomen is opened and the pus evacuated by drainage. If they stop in the tubes, we get another form of chronic invalidism from inflammation in and around the tubes themselves, which soon become adherent to neighbouring structures such as coils of intestine, and all sorts of troubles are set up in the abdomen itself.

Again, they may pass directly into the blood vessels of the uterine wall, and we get death in a few days from the blood itself becoming saturated with organisms and their poisons. Or they may stay in the veins in and around the uterus, and a septic clot is formed from which fresh crops of microbes are detached from time to time and travel to various parts of the body, giving rise to abscesses wherever they may lodge, and a consequent illness of many weeks' duration with perpetual rises of temperature and attacks of shivering ("rigors") constituting the disease which we know as pyæmia.

As we have seen, what happens in any one of these forms must obviously depend on the activity of the patient's white blood corpuscles, or, in other words, *her powers of resistance; but* in any case we must regard puerperal infection as a very virulent disease, and one which is very far-reaching in its consequences, which are not limited to the patient herself, but which may and generally do give rise to the weary petulant nagging which so often characterises the home that has been invaded by a chronic septic illness. How the disease may be prevented, and how we attempt to cure it will be described in the next paper.

THE INTERNATIONAL CONGRESS.

We have pleasure in announcing that the date fixed by Sister Agnes Karll for the opening of the International Council Meeting at Cologne is August 12th, 1912. Invitations to the various National Councils of Nurses will be issued at an early date. We shall give space to this important event next week.

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