

recover. Her puerperium may be somewhat slower than usual; her after history one of pelvic pain, menorrhagia and sterility.

Or the infection may become general; from which recovery may take place, but which generally results fatally. General infection usually takes place through the lymphatics.

Another form of local infection results in *Metritis*. The extension of the inflammation takes place in this form through the connective tissue of the uterus, and is usually the result of the infection of a lacerated cervix. Uterus will be found to be enlarged and tender, and the cervix torn, gaping, bleeding when touched, and œdematous. The endometrium may appear normal. Pain is complained of. Fever is marked but varies. Lochia remains sanguinolent and is pretty free, though I have seen it suppressed altogether in this form.

The last form of local infection on this table is *Para or Peri-Metritis or Cellulitis*. This form is also the result of the spread of the infection along the connective tissue, but instead of passing up into the uterus it passes into the surrounding connective tissue, resulting in extensive peri-uterine exudation. On making a local examination, these stone like masses will be felt, and the uterus found firmly fixed to the pelvic wall.

Pain and tenderness is very marked. Fever may be high at first, but usually runs about 102° . The condition lasts from three to six weeks, and results in an abscess or in resolution of the exudate.

Now *General Infection* may be divided into three clinical forms, the first on the chart being the *Peritonitic form*. In this form the endometrium may appear healthy or may be but slightly affected. Extension to the peritoneum takes place through the lymphatics. It is a lymphangitis resulting in a peritonitis. The onset is rapid and the subjective and objective symptoms marked. I have seen but two cases of this variety, one died on the fifth day and the other recovered after a hard fight.