

*Sapraemia, Septicaemia, Gonorrhoea.*—We have now to discuss sapraemia, septicaemia and that "tertium quid," gonorrhoea. Is it sapraemia, septicaemia or both? This is the point at which bacteriology should help us, but unfortunately the aid from this source is as yet but feeble. If we find gonococci in the lochia, we have information which may guide treatment to some extent. Streptococcus in pure culture in the lochia or in the blood confirms us in the use of anti-streptococcic serum. This is practically all.

In the *British Medical Journal* for March last, Mr. Arnold Lea of Manchester, says, amongst other things: "If the lochia contains streptococci a diagnosis of streptococcic infection may be made. We have, however, no means of estimating the gravity of the infection or the depth of the invasion. No fewer than nine varieties of streptococci have been isolated from the uterus; some of these are not pathogenic, and the recognition of the type present is difficult and cannot be relied upon clinically." I agree with all this except the first sentence. Like the small boy in the orchard, the presence of the streptococci in the lochia is suspicious, but after all they may be doing no harm. Again the same author says: "If anaerobic bacteria only are discovered the case is one of putrid endometritis. This is often associated with decomposition of clots, placenta or decidua, and these cases have been regarded as sapraemia or absorptive fever." This does not help us much, however, for: "It has been definitely proven that these organisms are capable of producing generalized infection even in the absence of pyogenic bacteria. If, however, these are present, such as streptococci or bacterium coli, the synthesis greatly increases the intensity of the infection." For our diagnosis and prognosis we are still chiefly dependent on more direct clinical observation.

*Symptoms Common to Sapraemia and Septicaemia.*—The first symptoms, usually appearing in 24 hours, are headache, rapid pulse, sleeplessness, general malaise, poor appetite, definite chills or slight feelings of chilliness, and last but not least the general appearance of the patient. Does she look ill? On the second day there may be some increase in these symptoms, and about the third day the temperature rises. The lochia may stop suddenly. Putrid odour to the lochia may develop on the third or fourth day, and if it does this will prove the presence of sapraemia, but not the absence of septicaemia. Putrid odour to the lochia, subinvolution of the uterus, and a moderate grade of fever, say to 101 degrees or 102 degrees by the third or fourth day generally mean sapraemia alone, or at worst a mild septic infection as well. Very high temperature, 104 degrees to 106 degrees, often beginning on the second day and accompanied by chills and general appearance of severe illness usually mean septicaemia.