

## Selections.

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**Some Notes on Puerperal Infection.\*** By KENNEDY C. McILWRAITH, M.B., Toronto.

Anyone who speaks or writes on the subject of puerperal infection finds himself at once confronted with the necessity for defining his terms. Without entering into the merits of the classifications in use, permit me to lay before you one which seems to me to possess some clinical merits.

There may be separated, then,

1. A group of cases in which there is more or less fever and other constitutional disturbance, accompanied by foul-smelling lochia. The germ is a saprophytic organism, and the whole affair clears up when the dead tissue upon which it thrives is removed. I propose to speak of this as *saprophytic toxemia*.

2. A group of cases in which the symptoms are often, but by no means always, much more severe. There is not, unless the infection be a mixed one, any putrid odor to the lochia. The germ is found to be one of the pyogenic organisms, *e.g.*, streptococcus or staphylococcus, but there is no evidence that it has penetrated beyond the original site of infection. This covers septic infection of the endometrium and wounds of the genital tract. I shall call this *septic toxemia*.

3. In the third group I should place those cases in which there is obvious germ invasion of the maternal organism. Here we have parametritis, peritonitis, pelvic abscess, phlebitis in veins extending from the uterus, etc. This I shall call *septic invasion*.

4. Lastly come the cases in which a pyogenic organism can be recovered from the blood during life, or is found to be growing in some secondary site, which it must necessarily have reached by the blood stream. This covers septic endocarditis or pericarditis, pyemia, lung invasion, etc. These cases are, of course, but instances of further invasion, yet the symptoms are so much more severe and the prognosis so much graver, that one seems warranted in placing them in a separate class under the name of *bacteriemia*.

Take we now the first two classes mentioned, saprophytic toxemia and septic toxemia. An overwhelming majority of all cases of puerperal infection commence in one or other of these ways. After a somewhat extended observation, I can say that I

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