

disease under investigation. This is too often omitted. A subject dead of phlegmasia alba dolens will, in one instance, present a suppurating thrombus in the crural or femoral veins; a second subject will not present a thrombus, but a metritis with an accompanying purulent uterine phlebitis, and a third will simply show a purulent infiltration of the cellular tissues of the pelvis and thighs, and evidence of metastatic suppuration in the liver or kidneys, with or without either a phlebitis or metritis.

To what conclusion must we inevitably arrive in the presence of these apparently different anatomical aspects? There is only one, and that is, that phlegmasia alba dolens is essentially an inflammation due to septic infection of the pelvic cellular tissues as a starting point, but involving other structures in its progress: the veins and nerves.

Puerperal infection, whether carried from without on the examiner's finger, or by means of contaminated clothes, or implements such as a catheter or a syringe tube, to the genital tract of the parturient female, or on the other hand, due to uncleanliness of person, accumulated filthy secretion in the vagina, is liable to execute a progressive inflammatory action, the course and termination of which it is impossible to foretell.

That practitioner who expects to find always the same symptoms in order to make a correct diagnosis of puerperal infection, who has, as it were, a fixed picture in his mind what puerperal fever and its kindred complaints should be, in order to agree with the text-books, will, I am sure, too often fail to recognize the disease in time to employ the necessary measures to prevent the full development of systematic toxæmia or death. The infection will always be controlled by the constitutional habit of the patient and her power to resist or eliminate the poison, rather than by a difference in the toxicological nature of the infection itself. The first symptoms of any of the different dis-

eases of puerperal infection will thus be greatly modified by constitutional habit, and the symptoms will not always correspond in severity to the amount or degree of the infection nor to the virulency of the infecting germs. We have a daily opportunity to see this illustrated in vaccinating different individuals with the same virus. One person, owing to a peculiar habit which we are unable to explain, will have an extensive phlegmonous inflammation, while another, vaccinated with the same virus, will only show the small typical vaccine pustule. This clearly shows the role of idiosyncrasy or constitutional habit in modifying the clinical histories of the disease. It follows that puerperal infection in one woman will eventuate into deep and complicated cellular tissue inflammation, while another will suffer only from a mild endometritis. To enumerate the different diseases or pathological processes which primarily or secondarily are the result of septic infection, would be to designate the different organs or tissues which become successively involved. The matrix of infection may begin from an abrasion at the vaginal mucous surface; a lacerated perineum or cervix, or it may be in the uterine canal and through the lymphatics and veins, conveyed to the areolar tissue. The inflammation that is thus established travels along the cellular tissue in which the large vessels and nerves that escape from the pelvis are imbedded; through the femoral or crural ring, it either accompanies the course of the vessels and nerves or makes its way through the saphenous opening to the subcutaneous cellular tissue of the thigh.

With the exception of the peritoneum, lymphatics and uterine veins, the other organs and tissues may separately and alone become the seat of septic inflammation. This strict conservatism which confines disease to one organ or tissue is the exception to the rule, for the tendency of the inflammatory process is to spread, and this is always on the line of least resistance, which