

the vessels, and most frequently through the lymphatics. Many of the dilated lymphatic vessels, and especially those of the uterus, are found filled with masses of white crumbly or fibro-purulent matters. Sometimes, when life has been sufficiently prolonged, there are also circumscribed collections of pus, which it would be erroneous to regard as abscesses. This extension through the lymphatic vessels is usually complicated by the serous infiltration, the so-called phlegmon of the connective tissue; and, almost as a general rule, one or both of the ovaries is infiltrated with serum, and penetrated by dilated lymphatic vessels containing firm white coagula or purulent fluid. In some rare cases the ovary becomes completely loosened in tissue, as if from shredding away. In this form of extension exudation is seldom absent in the cavity of the abdomen, sometimes chiefly occupying the coverings of the genital organs, and sometimes having no defined limits. Finally, in some cases the diphtheria is propagated through the vaginal and uterine veins. This is especially shown in those prolonged cases in which the separation of the diphtheritic deposit from the genitals is followed by thrombosis of the veins, with its consecutive circumstances, such as breaking up, emboli, etc. Peritoneal exudations may also be met with, but not ordinarily. That the phlebo-thrombosis of lying-in women may, however, arise in other ways, quite independently of any diphtheritic process, needs only to be mentioned.

In these various but frequently combined modes of extension of the diphtheritic process of the genital organs, the great glandular organs of the abdomen, the kidneys, liver, and spleen are soon implicated, so that they are usually met with in a state of parenchymatous inflammation; and finally, the lungs, especially at their lower lobes, not infrequently exhibit the turbid-serous infiltration, pleuritic exudations being also associated with the peritoneal. A more infrequent result of the diphtheritic process, because in general a longer duration of the affection is required for its production, is inflammation of the peripheric cellular tissue, which may happen in different parts of the body. This most frequently occurs in and around the joints, around the muscles of the extremities (e.g., in the pernicious form of phlegmasia dolens), or around some of the superficially placed glands, as the breast or parotid.

It is precisely this great multiplicity of local affections, and their combination with each other, that constitute the peculiar characteristic of puerperal fever. As, however, sometimes one and sometimes another of these occupies the foreground, we are furnished with the explanation of why different authors have come to regard these different local affections, whether peritonitis, phlebitis, lymphangioitis, phlegmon, etc., as the essential feature of puerperal fever.

Although, in regard to our knowledge of the etiology of puerperal fever, decided progress has been made in recent times, yet many points remain obscure. Thus, in relation to the admission that the disease is autochthonous—i.e., that it may arise from the spontaneous decomposition of retained portions of the

placenta—we must not overlook the fact, that remains of the placenta or membranes are not infrequently retained for days, weeks, or months within the genitals, without any putrid decomposition taking place, or any symptoms of puerperal fever appearing, while their presence often gives rise to repeated attacks of hæmorrhage. If, then, in numerous other cases the retention of such remains is followed by septic decomposition and puerperal fever, it is evident that some other circumstance has to be sought for which has determined this unfortunate occurrence. From the known influence of the air in exciting putrefaction in fermentable bodies, it results that decomposition of the retained remains of the placenta would be especially expected when these protruded from the os uteri into the vagina, while they would be more protected from the influence of the air when enclosed within the cavity of the uterus. And, in fact, in this last case putrefaction does much more rarely occur; but it must not be overlooked that the remains of the placenta are then more intimately united with the wall of the uterus. However, there are plenty of examples of the occurrence of puerperal fever, notwithstanding complete expulsion of the placenta; and in such cases we must seek for other causes. Numerous cases have proved to me that women who are delivered while the subjects of recent gonorrhœa frequently become affected with puerperal fever, the diphtheritic process being immediately set up, and proving difficult of arrest. I must therefore admit that a preceding inflammatory condition of the mucous membrane of the genital organs stands in a certain relation to the occurrence of the diphtheritis. In the great majority of cases, however, the germ of puerperal fever gains access in other manners; and this is very positively shown by the well-known fact (confirmed by the numerous figures of the Vienna Lying-in Hospital, as also by the results observed in my own clinic, that the so-called street-births (*Gassegeburten*) are scarcely ever followed by puerperal fever. The transport of the diphtheritic germs takes place beyond all doubt very frequently during labor, more rarely after delivery, and sometimes shortly prior to parturition. In what the transported germ consists is less made out. Experience has taught us that cadaveric products and decomposed animal substances place puerperal women in danger, especially when an internal examination is made by fingers that have had to do with dead bodies without having been afterwards cleansed—although Practitioners may also convey the disease who have observed care in washing. The dead bodies in question have not always been those of the subjects of puerperal fever, although these entail a greater degree of danger. Again, certain secretions from suppurating wounds and ulcers conveyed to the genitals of a puerperal woman may give rise to diphtheritis. The epidemic prevalence of puerperal fever in Berlin during the winter of 1870-71 may with strong probability be attributed to the employment of so many of the civil Practitioners in the military Hospitals. Still more decidedly are diphtheritic products—which not infrequently are produced in scarlatina, typhus, cholera, suppurating cancer, etc.—dangerous to lying-in