

This digression to the infection of the mammæ will, I trust, be pardoned, and we will return once more to the subject in hand.

In order to have a clear idea of the indications for treatment, a glance at the condition of the uterus and vagina, both before and after infection, will repay us.

In the normal condition there is an enlarged and congested uterus and vagina. The muscular layers are undergoing rapid fatty degeneration and absorption, the lymphatics are, so to speak, being worked at full pressure. The endometrium, with its shreds of charonic decidua, is being rapidly disintegrated and cast-off. Perhaps a blood clot occupies the cavity of the uterus, which has formed after the expulsion of the placenta. A small shred of retained membranes may pass through the os from uterus to the vagina. Perhaps a small portion of the placenta has been left behind. Here we have a perfect nidus for the development of putrefactive and infective organisms should they gain an entrance. This clot or piece of membranes may be expelled at the first action of the bowels or during micturition on the second or third day, and beyond a slight odor to the lochia for a few hours, nothing is noted.

Should infection of the endometrium take place, either along this piece of membrane or from the entrance of air to the uterus or by direct extension from infected lacerations of the vagina, the pathologists tell us that we would find a necrotic, brownish layer on the internal surface of the uterus, thick with putrefactive or infective micro-organisms; below this a layer of round celled infiltration, leucocytes. This latter is nature's protective skirmishing line, dividing the infected areas from the healthy subjacent tissues.

In cases going on to general infection, the uterine sinuses and veins are plugged with leucocytes infected with these organisms. The cause of the general symptoms in cases of local infection only, is the absorption of ptomains in all probability, while in pyæmia, septicæmia, either infected