

Secondly, I shall consider the treatment prophylactic and curative.

The only difference between puerperal infection and infection in the non-puerperal state is due to the altered condition of tissues and organs incident to pregnancy and the puerperal state. In both the infection is due to micro-organisms and their products which are identically the same in each. The changes which take place during pregnancy, the unavoidable traumatism that occur in the genital tract during labor and more particularly the large open wound in the uterus occasioned by separation of the placenta are conditions favoring infection; and added to this the lowered vitality, the result of a wearisome labor process and its attendant blood losses, very greatly increases the patient's susceptibility.

The micro-organisms causing this infection with which we are now most familiar are the streptococcus, staphylococcus, colon-bacillus, gonococcus, and the saprophytes.

As to how infection is introduced all are now agreed that with rare exceptions the infecting agent is introduced from without during or soon after parturition. In a small percentage of cases the source of infection may be a pre-existent focus in abdomen, pelvis, or genital tract, *e.g.*, an old appendix abscess, pus tube, latent gonorrhea in cervix or Bartholin's ducts. The so-called auto-infection cases occur in this way. With these rare exceptions the infecting agent is introduced from without and is the result of neglect of surgical cleanliness by those who have the management of the case during labor or soon after.

In all the more serious infections the point at which such infection starts is in the uterine cavity, the infecting agent having been carried there by unclean manipulation. Infection once introduced into the uterus may spread by continuity along the mucous membrane up through the fallopian tubes and into the peritoneal cavity. The gonococcus and colon-bacillus spread in this way, but these infections are not immediately dangerous to life.

Second: By penetrating deeply into the underlying tissues, causing destruction in their path, or both germs and their products may be taken up by the lymphatics, and the infecting process may either become localized in some part of the pelvis or enter the general circulation causing general systemic infection, or the infecting germs may enter directly into the circulation through the open mouths of the veins at placental site or other wound surface in uterus. In the latter the infection may flood the system and rapidly prove fatal, or it may become more or less localized in uterine and pelvic veins, causing a phlebitis from which focus toxic products are carried to all parts of the system, or infected emboli may be carried to distant