not been treated on surgical lines. Much laceration of the tissues at the time of the injury offers increased liability to infection. Septicaemia is frequent in spreading gangrene, in diseases of the periosteum, and in fevers such as scarlatina, diphtheria or plague, and in the puerperal state. The period of incubation may be from a few hours to several days. The condition of the wound or site of injury shows marked changes. In severe cases following a prick received in conducting a post-mortem the finger in a few hours becomes greatly swollen and painful, the pain spreading up the lymphatic vessels to the nearest lymphatic glands, which may become enlarged, and sloughing or gangrene of the parts involved may take place. In milder cases the wound remains with reddened and oedematous margins in a more or less unhealthy state. In mild cases of septicaemia the local condition of the wound, high temperature and feeling of illness are the distinguishing features. The treatment of septicaemia may be preventive or active. The preventive side consists in the performance of operations with all due aseptic pre­cautions. Since the days when I. P. Semmelweiss (*q.v.*) of Vienna insisted on cleanliness in his maternity wards, the death-rate of puerperal septicaemia has been enormously reduced. In the British registrar-general’s returns for 1868 it was stated that in twenty-two years no less than 23,689 women in England and Wales had died of puerperal septic' diseases. In the reports of the Rotunda Hospital, Dublin, the largest maternity hospital in the United Kingdom, we ascertain that of 30,023 women delivered during the ten years 1894- 1903 there was only a mortality of 21 due to sepsis, a ratio of 0·066%, while the registrar-general’s returns for England and Ireland for the period have a ratio for sepsis of 0∙216%. When dealing with a wound that is already septic, free incision and swabbing the surface with pure carbolic acid may have to be resorted to, and constitutional treatment must be undertaken at once. Should the infection be due to a *Streptococcus,* an antistreptococcic serum may be injected. There are, however, many strains of *Streptococci,* and a polyvalent serum may give good results. Menzer’s antistreptococcic serum has been successful in puerperal septicaemia not of gonococcic origin. Many cases have also now been recorded in which the systemic infection is combated by means of an autogenous vaccine. The first case was described by Sir James Barr before the Liver­pool Medical Institute in May 1906. In urgent cases, where time will not allow of the manufacture of a vaccine, quinine in large doses, stimulants and liquid nourishment must be given, and the temperature controlled by tepid sponging.

*Pyaemia* (Gr. *τrbοv,* pus, αtμα, blood), which got its name from an erroneous idea that the pus passed into the blood, is now understood to mean an acute disease with the formation of metastatic abscesses. The first definite account of the disease was published by Bocrhaave in 1720. Virchow in 1846 pointed out that it was not pus in the veins, but altered blood-clot. Jean D’Arcet showed the separate processes of poisoning by products of decomposition and the blocking of the veins with emboli. Any pyogenic organism may give rise to pyaemia, or it may follow any acute abscess. The cause of pyaemia may be said to be any condition favouring the formation of emboli. An occasional cause of pyaemia is infective endocarditis, while puerperal pyaemia may arise from infection of the genital tract. When the emboli lodge in the lung there is a breaking down of the tissue in front of the embolus, a haemorrhagic infarct being formed. The clinical symptoms of acute pyaemia generally start with a rigor repeated at periodic intervals; the skin becomes hot and the patient soon develops an earthy colour, the pulse becomes frequent and weak and the tongue dry. In about a week secondary abscesses appear, most frequently in the region of joints. There may be little or no pain to herald the formation of an abscess, but usually there is intense pain followed by suppuration. Unless early treatment is undertaken the joint may be rapidly destroyed. In acute cases multiple abscesses in the kidney may give rise to pain and albuminuria, abscesses in the lungs to dyspnoea, while acute peritonitis may arise from rupture of a splenic abscess into the peritoneal cavity,

and sudden blindness be the result of the plugging of the arteria centralis retinae. The duration of a case of pyaemia depends on the severity of the infection. Death may occur from the formation of abscesses in vital organs such as the brain and heart, or from exhaustion from continued suppuration, or chronic forms may after months pass on to complete recovery. Unfortunately pyaemia cannot be recognized apart from other blood infections until abscesses begin to form. The local treat­ment is to endeavour to prevent the detachment of infected emboli and the infection of the general blood-stream thereby. An infected limb may be dealt with by amputation above the seat of the lesion, or it may be feasible to dissect out the infected veins. When abscesses have formed they must be dealt with by opening and washing out the cavities. Antistreptococcic serum may be tried, as in septicaemia; and if there be time to prepare a vaccine it offers the best prospects, more particularly in the subacute and chronic forms of pyaemia. The usual administration of nourishing diet and stimulants when required should be undertaken, and every effort made to keep up the patient’s strength.

References.—Watson Cheyne in Clifford Albutt's *System of Medicine* (1906); Horder in the *Practitioner* (May 1908); Spencer and Gask's *System of Surgery* (1910); Barr, Bell and Douglas, *Lancet* (Feb. 1907); H. Jellett, *Manual of Midwifery* (1905); Whyte in *Edinburgh Medical Journal* (Dec. 1907); Sir A. Wright in the *Lancet* (Nov. 1907); Whitridge Williams in *American Journal of Obstetrics* (May 1909); R. Park, *The Principles of Surgery* (1908); George Taylor in the *Practitioner* (March 1910). (H. L. H.)

SEPT, a clan, the term generally applied to the tribes or families of Ireland, used also sometimes as by Sir H. Maine (*Early History of Institutions, 231)* of the Indian joint undivided family, the “ combined descendants of an ancestor long since dead.’’ Wedgewood (*Dict, of Eng. Εtym.),* quoted by Skeat, takes the word as a corruption of “ sect ’’ (*q.v.*)*,* and cites from the State Papers of 1536 and 1537, where *secte* and *septe* are used respectively. If so, the word must have been influenced by Lat. *saeptum,* fence or enclosure *{saepire,* to enclose, *saepes,* hedge), a word which has been adopted as “septum” into scientific terminology for any partition or wall dividing two cavities—*e.g.* in anatomy, of the partition between the nostrils, *septum naris,* or that between the right and left ventricles of the heart, *septum cordis.*

SEPTEMBER (Lat. *seplern,* seven), the seventh month of the old Roman year, in which it had thirty days assigned to it. In the Julian calendar, while retaining its former name and number of days, it became the ninth month. The Ludi Magni (Ludi Romani) in honour of Jupiter, Juno and Minerva began on the 4th of September. The principal ecclesiastical feasts falling within the month are: the Nativity of the Blessed Virgin on the 8th, the Exaltation of the Holy Cross on the 14th, St Matthew the apostle on the 21st, and St Michael the archangel on the 29th. September was called “ harvest month ’’ in Charle- magne’s calendar, and it corresponds partly to the Fructidor and partly to the Vendémiaire of the first French republic. The Anglo-Saxons called the month *Gerstmonath,* barley month, that crop being then usually harvested. It is still called *Herbst- monal,* harvest month, in Switzerland.

SEPTUAGINT, THE (Gr. *οi* O', Lat. LXX.), or the “ Alexandrian version of the Old Testament,” so named from the legend of its composition by seventy (Lat. *septuaginta),* or more exactly seventy-two, translators. In the *Letter of Aristeas to Philocrates@@*1this legend is. recounted as follows: Demetrius of Phalerum, keeper of the Alexandrian library, proposed to King Ptolemy II. Philadelphus (285-247 b.c.) to have a Greek translation of the Jewish law made for the library. The king consented and, after releasing 100,000 Jewish captives in his kingdom, sent an embassy with rich presents to the high priest Eleazar at Jerusalem asking him to send six ancient, worthy and learned men from each of the twelve tribes to translate the law for him at Alex­andria. Eleazar readily sent the seventy-two men with a precious

@@@1 Edited by H. St J. Thackeray in H. B. Swete's *Introd. to the Old Testament in Greek* (1900), and by P. Wendland in the Teubner series (1900).