

other parts of the body. In very few localities does the pus become sterile as it does in the pelvis. The conditions which favor, limit and stop the growth of the bacteria are problems for investigation. Not long ago it was supposed that the growth of the bacteria took place chiefly in remnants of retained decidua and placenta. Now we know that the presence of suppurative endometritis and the amount of suppuration in the uterus does not determine the severity or duration of the disease. Some of the most acute cases have little or no suppurative endometritis and some cases with a profuse suppurative endometritis may not be very acutely ill or protracted in duration.

TREATMENT.

I will ask you to put aside any prejudices you may have and consider with me what seems to be a rational treatment as based upon the modern conception of infection, immunity and wound repair. No treatment, however, will be ideal until methods for exact detection of the variety of the infection are found and specific serums or vaccines are discovered.

SYSTEMIC TREATMENT.

All will agree that when the cases of puerperal infection come under the care of a physician the systemic infection is the important part of the disease, and that the systemic treatment is the important part of the treatment. Rational systemic treatment would consist in one or more of the following measures:

1. Use of serums or vaccines to neutralize or destroy the bacteria or their toxins.
2. Use of measures to limit or stop the growth of the bacteria.
3. Use of measures to sustain or increase the physiologic resistance.
4. Use of measures to eliminate the toxins.

Serums and vaccines have as yet proved to be of little or no value.