

give positive results. The severity of the disease varies as much in the same variety as it does in different varieties. The treatment is as yet the same irrespective of the variety. To determine the variety of the bacterial infection, however, is of some value in the prognosis. The conclusion is that a classification as yet complicates the subject and is of no practical value.

INFECTION AND IMMUNITY.

This is a battle between the bacteria involved and the resisting forces of the body. The latter will be referred to as the physiologic resistance. Their conflict may be carried on with or without the presence of an inflammatory exudate, macroscopical, at least, in extent.

The presence of an inflammatory exudate is largely accidental, and depends upon whether a localized area of irritation occurs or not. The irritation is supposed to be due to toxins produced by the bacteria. The localized areas of irritation occur usually in embolic infections in the veins or may occur in the lymphatics. One should remember that the infection in puerperal cases usually extends along the vessels and not by continuity of tissue.

The inflammatory exudate is principally a conservative and not a restructive process. The localized leucocytosis and active proliferation of connective tissue cells are powerful factors in destroying bacteria. The bacteria may also be destroyed by their own toxins that accumulate in the inflammatory exudate. The disease lasts until an immunity results or death occurs and depends upon the virulence of the infection and the power of the physiologic resistance and varies from a few days to five or six weeks. Two or three weeks is probably the average length of time. Whether suppuration occurs or not probably affects very little the duration of the fibrile period of the disease unless a secondary colon bacillus infection occurs or a reinfection from treatment results. One who has operated upon these suppurative cases during the acute attack and removed the pus by excision of the inflam-