cases there was not one single death. Mayo, of Rochester, reports a series of 176 cases with nine deaths. Each case should be studied on its own merits. The time to operate as well as the extent of the operation is determined by the condition of the patient with particular reference to 1st. Condition of the cardia. The heart is dilated, but is there any compensatory hypertrophy taking place? If not, absolute rest and medical treatment is indicated. What is the blood pressure? If there is a compensatory hypertrophy blood pressure will he raised and a blood pressure of 195 mm. Hg. does not contraindicate surgical intervention. Second, what is the extent of the intoxication as is evidenced by the symtoms, viz., sleeplessness, diarrhœa, vomiting, tacycardica and puslation in the gland, and 3rd, what does the blood examination show? In most cases you find an increase in the number of the lymphocytes with a decrease in the polynuclear form. The total number of leucocytes is usually at or about normal. The absence of a lymphocytosis is indicative of very early case or recovery in an longstanding case.

As to the extent of the operation, both Kocher, Mayo, and in fact most operators agree that the least amount of hæmorrhage with the least amount of manipulation is absolutely essential. Better do your operation at two or three stages or sittings rather than all at once.

In conclusion, gentlemen, let me say that in the brief resume of the subject I have given you here I have but touched the frill of the garment, so to speak. When one considers that men are spending their whole time for years in the study of the parathyroids alone, one will get a more comprehensive idea of the magnitude of the subject, and this idea having been once attained my feeble attempt here put forth will not be censured too severely.

PUERPERAL SEPTICEMIA.*

By ADAM H. WRIGHT, B.A., M.D., Professor of Obstetrics, University of Toronto.

OBSTETRICIANS' were slow to learn that puerperal fever is simply an ordinary surgical infection. Hodge and Meigs could not learn from Oliver Wendell Holmes in 1843 that it was a private pestilence contagious in character. The obstetricians of Vienna could not learn from Semmelweiss in 1847 that it was caused by the introduction of putrescent substances from without. Fordyce Barker could not learn from Pasteur and Lister in 1880 that it was a wound infection, not a specific disease. Fortunately all doubts on the question have ceased to exist, and are interesting only as matters of history.

^{*}Read before the Ontario Medical Association, Hamilton, May 27, 1908.