be of interest to state briefly the course of the pulse during the puerperal period. While the temperature begins to rise immediately after labor, the pulse begins to fall, and keeps falling steadily for eight days, at the end of which time it is 9–10 beats per minute slower than at the conclusion of labor. Beginning at 61 it falls to 50–51. This slowing down is equally well marked in multiparæ and primiparæ. Like the temperature, there is a diurnal variation in pulse curve, which is on the average 17.

Pulse is slowest at midnight, when temperature is lowest.

" quickest at 8 A.M. Like the temperature it rises after meals.

From the observation of 2,000 consecutive cases in the Marburg klinik, Ahlfeld found that 68.8 per cent. recovered without rise of temperature beyond the normal limits. In private practice the proportion of non-febrile cases should be at least 80 per cent. We have no exact data by which we can determine what the rate of morbidity in private practice really is, but it is far higher than it should be. Few practitioners use the thermometer as a routine practice in their obstetric work, and without systematic thermometric observations, statements respecting the presence or absence of fever after confinement have no scientific value. Some men never have perineal tears in their practice, and some never have fever in their puerperal patients; but in both cases the explanation is simple—they never really look for such things.

Causes of Fever.—When febrile symptoms do occur, to what are they attributable? Some men find an all-sufficient cause in the so-called milk-fever—for do not the laity accept milk-fever as a good and sufficient reason for almost anything from a cracked nipple up to a phlebitis or septic peritonitis—and have not the old nurses many a blood-curdling tale to tell of the dire effects of milk when it goes to the legs, the womb, or the brain. In well-regulated hospitals where exactness of observation is possible and the surroundings and treatment of patients are under thorough control, it has been proved over and over again that lactation is a physiological process whose establishment is unattended with fever. Occasionally in nervous, high-strung