this way can we gain a clear insight into the efficiency of our methods, for the adoption of a common standard would enable us to compare our results with other statistics compiled on a similar basis.

It is only by being armed with such precise data that we will be enabled with force to urge the adoption in practice of the means which procure the smallest percentage of morbidity.

There are many objections to be urged against the arbitrary limit to a temperature of 100.4 deg. F. It is an unsatisfactory indication of the well-being of the lying-in woman. Were such a temperature maintained for even a few consecutive days the woman would certainly be in an abnormal condition. Again, it is unsatisfactory because of the fact that it takes no account of the sudden and transitory rises of temperature which may easily extend beyond this limit without adversely affecting the patient, and without being even remotely allied to septic absorption as we understand the term. It is an unreliable indication in that it depends entirely upon the accuracy of a clinical thermometer, and those of us who know how frequently these instruments are at fault can appreciate the uncertainty of statistics relying on such a basis alone.

A morbid state, if of septic origin, will most certainly show itself by an acceleration of the pulse as well as by a rise of temperature, and it is upon the knowledge of this fact that our present method of estimating morbidity in the Rotunda Hospital is based.

Our bed charts are arranged so as to make these two records apparent at a passing glance. The high range of normal temperature is placed at 99 deg. F., that of the pulse at 90 beats per minute. It is certain that even a mild condition of septic absorption will prove sufficiently potent to cause these limits to be overstepped, and will at once put us on our guard, and enable us to take prompt means to deal with the abnormal condition.

The pulse chart acts, too, as a ready corrective of faults of the thermometer, and the two taken together greatly aid us in detecting mistakes in either.

In order to eliminate the sudden and unimportant exacerbations of temperature from our morbidity list, we do not enter in our records as morbid any case where morning and evening pulse and temperature are not recorded as abnormal on three consecutive occasions, or, to put it in other words, until the abnormal condition has made itself apparent for twenty-four hours. Furthermore, we do not take into account