

not exceed five days' duration. In the other 5 the morbid state persisted for twenty-one, sixteen, eleven, eleven, and eight days respectively. Until private practitioners can produce results as good, if not better, than these, they may be perfectly certain that their technique lacks perfection.

It is necessary to add that none of these cases gave rise to serious anxiety, and all save two had normal records of temperature and pulse for thirty-six hours before leaving the hospital.

It may possibly be argued that an apyrexial puerperium is neither normal nor to be desired, and that a temperature elevated within reasonable limits exercises no injurious influences.

We all know that numberless women have passed through the ordeal of sepsis with constitutions irrevocably shattered, and important organs hopelessly damaged or destroyed. It is, moreover, probable that vital forces are never fully restored to those who have suffered from a septic disease, even in a mild form, and none can doubt that the exhausting influences of childbearing are due to a septic dyscrasia rather than to the exercise of a normal function.

The question now arises, What are the physical indications of puerperal morbidity? and the answer, strange to say, is one on which there is at present no definite agreement.

Some years ago it was considered that slight pyrexia should be looked on as due to physiological processes, and to mark its high limit an arbitrary line was placed at a temperature of 100.4 deg. F. by Continental authorities. In the Rotunda Hospital this arbitrary line has until lately been fixed at 100.8 deg. F. Modern authorities, however, have nearly all arrived at the opinion that the processes of childbearing have none but the most transitory effects in elevating temperature above that which is considered normal in health. Our maternity charts clearly demonstrate the truth of this belief, and, moreover, show the fallacy of estimating morbidity by any arbitrary range of temperature when taken without consideration of another important factor—the pulse.

I cannot too strongly urge on my professional brethren the importance of arriving at some common basis for determining morbidity other than that of this most unsatisfactory temperature limit. I trust that this subject will be seriously taken in hand by those members of our Association interested in the subject, and I for one will gladly co-operate with the heads of other maternity hospitals in an effort to establish a common standard on which to base our returns of morbidity. Only in