The present tendency to look upon all elevations of the temperature in the early period of the puerperium as due solely to intra-uterine infection, and as such to call for immediate and energetic intra-uterine irrigation and curretage, is to be greatly deprecated. Such treatment often transforms what is a mild infection into a very serious condition. Again such elevations of temperature may be due to some transient intra-uterine condition. Again, I must express my appreciaiton of the conservative tone in the excellent paper we have listened to this evening.

J. G. ADAMI, M.D.—Referring to Dr. Smith's reference to Sir William Hingston's observation upon the immunity of Indian squaws to puerperal fever it may be worth noting that this same immunity was noted in Lancashire "Mill hands," and was ascribed to the same cause as long ago as 1772 by Charles White in his "Management of lying-in and pregnant women," a work that had great vogue in its day, going through several editions in England, being reprinted at Worcester, Mass., and translated into French and German. White noted that these women got up immediately after labour and went about their work, and advised and carried out the practice of having his patient forthwith sit up in bed for meals and get about in the course of two or three days. By this means, he pointed out the womb became drained of stagnating lochia and infection was prevented. Nay more, some seventy years before Semmelweiss, he showed, that puerperal fever was not a specific, but a filth disease, akin to jail and hospital fevers, and pointed out the rational means to prevent the development of the conditions.

The seventeenth regular meeting of the Society was held Friday, June 7th, 1907, Dr. F. R. England in the chair.

W. G. TURNER, M.D., showed living cases.

I.—SUBDELTOID OSTEOMA.

Five years ago the patient fell while getting off a street car, falling backwards directly on the apex of left shoulder. There was total disability of the left arm for about two months. Then partial disability to the extent of inability to raise hand to head; in abduction, marked weakness, some pain and at intervals marked exacerbations of pain which caused complete disability. Three weeks ago, when I first saw the patient, he could not abduct his arm more than to an angle of 45°, also marked limitation in extension and external rotation. There was marked tenderness and pain referred to just posterior to the long head of the biceps. External rotation caused marked pain. I judged the cause of the disability to be due to some lesion just posterior to the