

successful case. This patient is still alive and well, but I am ashamed to say that, in spite of the encouraging result in this case, I have allowed several women since, to whom I have been called in consultation, to die without this chance being given them, the victims of conscientious scruples as to whether I was justified in resorting to such radical measures. The most important point brought out in the discussion came out in answer to several members who asked, "How can you decide whether a case is bad enough to require hysterectomy?" Both Dr. Hirst and Dr. Baldy admitted that this was a most difficult one to decide. There was no rule. But in general terms they must be guided by the pulse rather than by the temperature. The temperature was often masked by antipyretics, which for that reason should never be given; but a pulse of 140 steadily rising meant that a profound intoxication of the nervous system was going on, and that the woman was bound to die unless something radical were done and done quickly. As Dr. Baldy said: "There is a large field in puerperal cases for good work, for life-saving work, much larger than in the ordinary pelvic infections. There is in the hands of a good and conscientious surgeon, I believe more danger of too long delay than too much hurry in operating in this class of patients." Dr. Hirst said: "There are two classes of cases of puerperal septicæmia in which one must operate. In one case a sudden change for the worse in the course of the disease, which, to an experienced man, means death in a short time unless some radical relief is afforded, demands operation if there are physical signs of inflammation in the abdomen or pelvis. In the other kind of case the long continuance of fever with a pelvic exudate indicates an operation." Judging from my own experience I am convinced that in the cases which I have seen die from puerperal sepsis the disease was, with few exceptions, located in the uterus, and that most, if not all, of them would have been saved, as my only case of puerperal hysterectomy was saved by the removal of the poison factory in the uterus. Now, that our technique of abdominal hysterectomy has been so much improved, and the death rate so much lowered, it is