

satisfaction of myself, the patient, and the husband. I do not know whether specialists on women's diseases would be pleased or not. I am sure that, from the amount of violence I have had to resort to in some severe forceps' cases, considerable bruising must have resulted to the soft pelvic structure; but nature, in all forceps' cases save one, effected a cure in the usual puerperal period. The exception was one in which cellulitis followed with perfect recovery, after six months in bed. In severe cases I always examine my patient to ascertain if much damage has been done, and if the parts are very much bruised, I order, on the third day, a warm carbolic injection. I also use this in all cases, if the discharges become at all offensive, and generally instruct the nurse to use a little carbolic acid in the water she uses to bathe the patient with.

Now, what are the causes of puerperal inflammation, or puerperal septicæmia? In order to answer this, it is necessary to study the woman before delivery, and the changes that have taken place during the nine months' growth of the fœtus; also, how nature restores the normal condition of affairs, whilst guarding with jealous care the well-being of the patient.

The first period is one of building up—of growth. The second period, one of breaking down—of decay. During the first period, large quantities of adventitious tissues are formed; these being no longer wanted, have to be removed. In the second, nature's disinfecting and excretory apparatus are taxed to their utmost, and all that is asked by her is a fair field and no favor. Give the skin, the lungs, the kidneys, the bowels, and the uterus, a fair show, and in ninety-nine cases out of every hundred, no other treatment will be necessary. But chill your patients, and stop the action of the skin, and the kidneys, bowels, uterus, and even the lungs, will become engorged, and in time paralyzed. The mammary glands will cease to secrete, and your patient will have puerperal fever. Restore the secretions of these parts, and the patient is better. Again, introduce some source of septic poison into the vagina or uterus, and it may become absorbed, and the same result follows. The same may be said of the lungs or bowels. In every case the strictest care is required, always remembering

that nature, as a rule, is the chief agent, and all that the accoucheur can do is simply, where she fails, to aid her in her efforts, never to retard her in her work by injudicious meddlesomeness or criminal carelessness; and do not ascribe to art that which can be done, and is done, in a far more effective, if less expensive, way. A general practitioner attends all classes of cases, and strict care should be observed; but it is only in a very few instances, such as erysipelas, pyæmia, or septicæmia, that any special care is necessary. And I think it safer to refuse to attend cases of confinement, if you have a well-marked case of puerperal fever.

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Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

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THE UNIVERSITY OF TORONTO, AS COMPARED WITH FOREIGN UNIVERSITIES.

We have received a letter from a Professor of the University of Toronto, who has been abroad for some months, which gives some very interesting particulars about certain universities in Europe, and especially in Germany. The University of Zurich stands in the front rank, although its capacities, when compared with those of many other institutions, are somewhat limited. Being about the size of the University of Toronto, it becomes a matter of interest to compare the two. The Canton of Zurich contains altogether 200,000 inhabitants, certainly not a vast population; but it gives to the university, in which it takes great pride, no less than \$50,000 a year. A canton is much like one of our counties. From present indications, this generation will have to pass away before the County of York, with the generous City of Toronto,