

upon to ratify it. It seems to us that it would have been much better to have introduced a clause in this bill empowering the Council to make a general tariff while wiping out the old one. Until the Legislature meets there is no legal tariff in any part of the jurisdiction of the College of Physicians and Surgeons. Whether this will be found to be in the interest either of the profession or the public remains to be seen. In the various States there is no legal tariff, yet our colleagues across the line manage to make a living. That being so, perhaps we can contrive to worry along without one.

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A UNIFORM CURRICULUM FOR TRAINING SCHOOLS.—Miss M. A. Snively, Superintendent of the Training School, Toronto, in an excellent article in *The Trained Nurse and Hospital Review*, suggests an association of well-recognized hospitals, a uniform admission examination, a uniform period of training in medical, surgical and gynecological nursing, and a final examination.

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MIDWIVES AND MANSLAUGHTER.—Recent English papers are filled with a gruesome account of the doings of a licensed midwife appropriately named Rake. Among the misdeeds for which she was tried was that of causing the death of one Hilda Gray by communicating to her puerperal fever after having been warned that she must cease from attending patients until free from possible contagion. The jury disagreed and the defendant was admitted to bail until the next Sessions, when she will have to face other charges. This case points a moral and adorns a tale. The culpable negligence exhibited in this case would have had many congeners in Ontario had the Patron Medical Bill become law.

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TREATMENT OF WOUNDS IN PRE-ANTISEPTIC DAYS.—Sir George Humphrey, in the *British Medical Journal*, March 30th, 1895, compares the treatment of wounds in pre-antiseptic days with that of to-day. The principle he followed then was to stop all bleeding completely, so that nothing would intervene between the opposed edges and in many cases to leave the wound exposed to the air. The principle now is to reduce to a minimum the media upon which bacteria act, and to reduce to a minimum the germs themselves, the former of which was unconsciously done in the earlier mode of treatment. The later treatment has the advantage of lessening the risks of secondary hæmorrhage, causing septic conditions.