

sure of respectability has probably never been known in the history of medical education.

We are told by the *Medical Times* that there are two reasons why higher medical education was beyond the control of the medical colleges: "1st, because of the easy manner in which charters for colleges could be obtained, and the consequent great competition among colleges for students; 2nd, because students, being but human, would naturally prefer to go to the college which would give them the easiest and quickest entrance into the profession." Under the circumstances the American Medical Association thought it expedient to recommend to the various county and State societies that they should endeavor to have a central examining board appointed for each State, which alone should have the right to issue licenses. The efforts made in this direction have met with unexpected success. Such boards have been established in Kentucky, California, North Carolina, South Carolina, Illinois, Missouri, Nevada, Minnesota, and perhaps one or two other States. The greatest difficulties in the way have been found in some of the most populous States, such as New York, Pennsylvania and Massachusetts. At the present time a bill is being discussed in the Legislature of Pennsylvania, and meets with strong opposition.

We must congratulate the profession of the United States upon the prospect of improvement under the new system, which is somewhat similar to that which prevails in Ontario, although we know of no State in the Union which requires a full four years' course, as we do in this Province. We think it would be well for the United States to have a central examining board for the whole country, instead of separate ones for each State, but that may come in time. In Canada we are in a similar position, as each Province controls its own medical affairs. We regret this for many reasons; but, until the other Provinces adopt a system as complete as ours, Ontario will probably make no changes. We hope, however, that before long there will be a better understanding between the different sections of our Dominion, but the unfriendly criticisms of our good friends in the east will not in the slightest degree assist towards such a happy consummation.

THE PRESENT POSITION OF OBSTETRICS.

SOME writers state that the science and art of obstetrics has not kept up with the times. Others, including ourselves, hold directly opposite opinions. The most brilliant advances in surgery have been the result, directly and indirectly, of our antiseptic methods. Is obstetrics abreast of the times in this particular? We answer decidedly—yes. In proof of this we will refer to the remarkable record of the Maternity Hospital of Philadelphia, as reported by Dr. Joseph Price in the April number of the *Buffalo Medical and Surgical Journal*. We are told that in this hospital there have been no deaths of mothers for a period of five years, there being a series of 540 deliveries without a death, and without a case of puerperal septicæmia.

It is stated that these results are due to the enforcement of the law of strict cleanliness, and the observance of ordinary antiseptic precautions, as inaugurated by Dr. Goodell, and carried out by his successor, Dr. Price. Such a record is simply marvellous, and certainly requires no comment. It is difficult to appreciate fully the results obtained. The series is not only free from a single death, but is also free from septicæmia. This means that the patients have practically made perfect recoveries, without certain complications, which, though not fatal, might seriously impair their health for some time to come, or even cripple them for life.

The methods employed by such distinguished obstetricians may not appear brilliant to certain fussy gynecologists, but on that account they are none the less worthy of all commendation. Fortunately such success is not confined to Philadelphia. It is difficult to find a record which quite equals this, but the results in various large maternity hospitals in various parts of the world closely approximate it. A few years ago such a happy condition of things, in hospitals frequently overcrowded, would have been considered impossible, but experience has happily shown the absurdity of such opinions. What is the lesson to be learned by the general practitioner from such results? It is simply this—he should have no septicæmia in his practice. If