said, is forced to overwork itself. The wards often contain 40 or 50 beds. Night duty is relegated to perfect beginners, without experience and without ability, quite unaccustomed to hospital discipline. The natural result of these bad sanitary conditions in the hospitals of Paris is that the mortality from consumption is something appalling. The staff has only a very hazy idea as to its moral responsibilities. Tips are allowed as quite a matter of course. Be it said, however, that these women are at heart extremely good-natured. The evil lies in their social position. Tips do not humiliate them. Permission to marry is disastrous. The result is additional fatigue and overwork, for these women must use up their leisure moments in looking after their homes.

A serious omission in the organisation of the hospital staff is the absence of a woman at the head of affairs—the matron of the English hospitals. The result is that the promotion of a nurse is more often due to political influence than to personal merit. This, no doubt, is a matter of astonishment to the English, but as the municipal authorities are at the head of affairs in the French hospitals their great object is to stand well with their electors rather than to consider the rights of the nursing staff. To rightly judge it is above all expedient to take into consideration the ways of the country; thus, what would cause astonishment in England comes as a matter of course in France. This will account for the fact that in all the wards of the French hospitals men nurses work side by side with the women nurses. Do not let us overlook the fact that in the French hospitals men—nurses and employees of all sorts—are very numerous. Thus often the women nurses are married and are lodged with their husbands in the hospital.

These are the things which render it so difficult rightly and properly to recruit the hospital staff. Let us examine for a moment how this situation may best be remedied. Reform is possible, but there must be less centralisation, requiring everywhere an identical organisation. As to the Parisian hospitals one must not seek to reform them all at once. At first the reform should only be applied to *one single hospital*, for preference a new one, for it naturally follows that a staff recruited according to the new régime cannot have mixed with the existing one. The wisest thing to do would be to adopt the English system, which is the best—offer to young girls the means of acquiring a diploma which would enable them to earn their living and in return require of them their services in looking after the sick. The question of money is a secondary consideration. Above all, a moral reform is absolutely essential.

To turn out a good nurse we must take her from surroundings entirely different from the present one. We must try to get young girls who have received a certain amount of instruction and a fair education. The celibacy of the nurse must be insisted upon. This reform is absolutely imperative in spite of the prejudices existing in France on the subject. There must be a woman at the head, answering to the "matron," who shall be held responsible for the staff and shall be in direct touch with them. The nurse must undergo a practical training, given in the wards by other nurses who have themselves passed through the training that they are imparting to the beginners. The theoretical teaching of the doctors is but the complement and *not* the principal. In France, too, much importance is laid upon theoretical instruction to the exclusion of the practical. The duties of a nurse are quite different and quite separated from those of the domestic "ward maids." The number of men employed and, above all, lodged in the hospital should be greatly reduced. A certain number of male employees is, of course, necessary but only women should be called upon to nurse the sick. Sweeping changes must be made in the treatment of the nurses, both physically and morally. As in the English hospitals, they must no longer be treated as servants. They must have every consideration and, at the same time, gain an honest livelihood, both as to salary and as to food. Above all, they must have comfortable quarters, cheerful and bright, where, after their many hours of hard work, they may retire and feel at home.

Now, these reforms would not be very costly: it means changing the hospital into a training school, teaching the staff hospital and private nursing, and, in return for such teaching, having a call upon their services in nursing the sick, as is done in England. Their training once acquired, these nurses would gain their diplomas and be capable of looking after the wards and in the end become *fully qualified*

hospital nurses. Quite recently the administration of the Assistance Publique tried to improve the condition of the nurses. First and foremost, they tried to increase the salary of the nurses, so that they might be able to raise themselves, put something by—in a word, accomplish a moral reform.

Many practical reforms have recently been attempted in the private hospitals of Paris with reference to the creation of a staff upon the new lines. It is to be hoped that this example may be followed by the large hospitals. These efforts should receive the encouragement of the doctors and of the public and have no sectarian interest; still less must they be anti-sectarian.

Aix-les-Bains.

Clinical Notes: MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SPONTANEOUS RUPTURE OF THE HEART.

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THE following case of a patient surviving spontaneous rupture of the heart for six days is worth recording. The patient was an inmate of the West Riding Asylum for 26 years and died in November last, aged 65 years. He suffered from chronic mania, and on the whole was fairly quiet and in good health. About a year ago he was found to have a mitral systolic murmur but it did not seem to inconvenience him. One Tuesday he was seized suddenly with what was thought to be an ordinary syncopal attack and was put to bed. He soon recovered, however, but on Sunday morning died suddenly while still in bed.

At the post-mortem examination the pericardium was found to be distended with fluid blood; the heart was enlarged and weighed 375 grammes. On the anterior surface of the left ventricle near the middle and to the outer side was seen a small sub-epicardial hæmorrhage of about the size of a halfpenny, on the outer side of which was the external aperture of the rupture of about the size of a pin's head. On cutting through this the rupture was seen to extend from the inner surface of the ventricle and to be V-shaped. The wall of the ventricle was fully half an inch thick, but was pale, soft, and flabby. The coronary arteries, however, were apparently healthy. The mitral valve was dilated and there was slight thickening of the aortic valves, the first part of the aorta also being slightly roughened. The vessels at the base of the brain were markedly atheromatous and the choroid plexuses were calcareous.

A somewhat similar case, also in an insane patient, was published by Dr. H. Kerr in THE LANCET in 1904¹ in which he refers to the rarity of the condition. In his case, however, the patient apparently succumbed immediately, although, as in the one above, there was no history of sudden exertion or strain.

I am indebted to Mr. W. Bevan-Lewis for permission to publish this case and to Dr. J. A. Creighton, assistant medical officer, for the clinical notes.

Wakefield.

NOTE ON A CASE OF OSTEO-FIBROMA OF THE MAXILLA.

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*With a Pathological Report by V. H. WYATT WINGRAVE,
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THE patient, a man, aged 53 years, consulted me on Jan. 9th complaining of a "growth in the palate" of 25 years' duration. He suffered no pain and very little discomfort; in fact, he stated that beyond a certain amount of anxiety it gave him no trouble, and having grown slowly and gradually he had got quite used to it. Mastication and deglutition were performed without any difficulty, and with the exception of a slight "thickness" or impaired resonance

¹ THE LANCET, Dec. 31st, 1904, p. 1832.