marked impairment of hearing, the ear trouble may not be suspected, and it is only after inflammation that the child feels that its ears are now "more natural" than they were before. Such slight Eustachian obstruction, and the headaches dependent thereon, can be readily cured in children by a few inflations, either by Politzer's method or, still better, by means of the Eustachian catheter. The naso-pharynx should, of course, receive due attention, in order to prevent a return of the Eustachian obstruction.

Central Music Hall, Chicago.

A SYSTEM OF FREE NURSING AS ORGANIZED IN PHILADELPHIA.

Read in the Section on Obstetrics and Gynecology at the Thirty-ninth Annual Meeting of the American Medical Association, Cincinnati, May, 1888.

BY JOSEPH PRICE, M.D., OF PHILADELPHIA.

I desire to call the attention of this Association to this system of free nursing because I regard it as a most valuable factor in the proper treatment of the sick poor; as a necessary lesson to the lower classes in cleanliness and the care of the sick; as the most efficient aid to the surgeon in non-paying practice, and because I hope that the idea suggested may prove to be of practical benefit to the profession in cities and towns not blessed with suitable institutions for the proper care of the sick poor.

The Visiting Nurse Society, of Philadelphia, was organized a little over two years ago by a few charitable ladies of this city for the purpose, as their charter reads, "of furnishing visiting nurses to those unable to secure skilled attendance in time of illness, to teach cleanliness and the proper care of the sick." It is supported by voluntary contributions and such small amounts as the patients may be able to pay, and its last report shows a remarkable amount of practical benevolence secured by the outlay of a very small sum of money. The Society in the beginning employed a trained nurse with one or two assistants, who were also pupils. Additional nurses were employed as necessity arose until the staff now consists of seven nurses and assistants and one maternity nurse whose work is confined to that specialty. Special nurses are provided for contagious diseases as they may be required, the regular staff not coming in contact with such cases. The Society was very fortunate in the selection of their head-nurse, who is a trained nurse of more than ordinary ability, both in practicing and teaching her profession.

The assistants are all young, healthy women, selected for their peculiar qualifications and carefully trained under the supervision of the head nurse. In cases demanding immediate operation these nurses make all preparations at the shortest possible notice, viz.: thorough cleansing of the room and person of the patient, often supplying fresh body and bed linen, one or more nurses to assist in the operation, and one to care for the patient during the subsequent treatment. I have known these nurses to go in an attic or cellar in the heart of the slums of the city, the rooms reeking with filth and overrun with vermin. The patients, fit inhabitants of their homes, destitute of the bare necessities of life, not having even a receptacle in which to boil water, and often dependent on their neighbors for food and fuel. In a few hours the nurses have cleaned the room, supplied the necessary furniture and utensils and prepared the patient for an abdominal section. With such an organization at his command the physician or surgeon has no reason to fear undertaking any case, surgical or medical, at the homes of even the poorest of patients. In the clinic of the female department of the Philadelphia Dispensary, for years I did not attempt to do any of the abdominal work that constantly presented itself because of the lack of such a free system of trained nurses.

Since the organization of this Society we have done over ninety abdominal sections in the alleys and courts of this city, with only one death. And these were not selected cases, but were done because they were imperative. In addition, many general operations of more or less severity, but requiring skilled nursing, have been performed, and in every case the nurses of this Society have proved themselves equal to the occasion. During the past year the Society has cared for 90 surgical cases, out of a general list of 369, necessitating nearly 6000 visits. So far during this year they have attended nearly 200 cases, of which 50 per cent. were surgical.

The medical profession of Philadelphia has reason to congratulate itself in possessing such an efficient corps of assistants, and to wish for the extension of the benevolence to localities less favored.

CALCIFICATION OF THE CARDIAC VALVES. DEATH FROM CEREBRAL EMBOLUS.

Read before the Medical Society of the District of Columbia, April 11, 1888.

BY FREDERICK SOHON, M.D., OF WASHINGTON, D. C.

The calcification of the cardiac valves, shown in the specimen presented to-night at the request of several members who have already examined it, derives its interest not from the simple fact that it shows a diseased organ, but from the circumstances attending the patient's life and the manner of his death.

His family and friends give the same account
of the patient. He was perfectly healthy; never
was confined to bed by illness; and, as far as
could be ascertained, he never complained of any
ailment, or any of the many incidental symptoms
which usually accompany such a condition of the
heart valves. He was white, aged 71 years, and
a clerk by occupation. Physically he bore his age well, but he was rather absent-minded.

When seen at 6 o'clock on the evening he was
attacked, he did not complain. Later he was
found lying on the floor of his office, his position
and surroundings pointing to a sudden attack.
He had apparently fallen from his chair; his
writing was stopped abruptly; and it was said he
vomited his tobacco. When raised he seemed to
look at the person with one eye, while the other
quivered and wandered. He attempted to raise
his arm, but was unable to do so. When spoken
to he uttered disjointed sounds, as if trying to
speak, but could not advance his tongue, although
he swallowed medicine mechanically.

He was brought to the Emergency Hospital at
7:45 p.m., totally unconscious. Superficial circu-
lation was below normal; the pulse quick and
fairly strong, with a rate of 65; respiration
labored and slow, without marked stertor, the
noise emitted being of a sighing character. The
breath was cool and odorless; the eyes fixed, and
the pupils normal in size and non-responsive. The
limbs responded to the prick of a pin. Muscular
tremors were constant and lasting, and fluctuated
in intensity. Auscultation of the chest, inter-
fered with by the tremors, failed to disclose ab-
normalities in the sound of the heart or lungs.
Urine was abundant, slightly alkaline, pale, and
showed albumen. Attempts to vomit appeared
to be made. The bowels were not evacuated pre-
novious to the administration of an enema. About
two hours and a half after the patient was brought
to the hospital there was a sudden and fatal ex-
hauion, the heart continuing to flutter after res-
piration ceased.

The post-mortem examination was made twelve
hours after death. Rigidity was still strong. The
body was found to be well nourished, and rather
muscular for its age. The pleura was normal; the
lungs normal in structure, crepitating all over, the
section showing congestion and exuding blood. The stomach was empty and its veins
turgid; the liver enlarged and congested, as were all the abdominal organs. The kidneys were
about 3¼ x 1¼ inches, red, congested, and moder-
ately hard; the capsule stripped easily, showing
the exposed surface smooth; the renal arteries
were tough and atheromatous. The right kidney
had a small cyst. The brain dura was normal,
the sinuses overfilled with blood; the left lateral
ventricle filled with dark soft coagula, supposed,
after careful search, to be due to laceration of that
side of the brain by the chisel; the other ven-
tricles contained neither blood nor appreciable
amount of fluid. The brain was slightly pale,
but of good consistency; the arteries at the base,
including the vertebral, were thickly studded with
atheromatous patches (specimen). At the first
division of the right posterior cerebral a hard
freely movable plug was found. The shock re-
sulting from the sudden interference to the circu-
lation by this plug, in an already poorly nour-
ished brain, was credited as the cause of death.

The heart presented as a specimen weighs 11
ozs. The aortic valves were found barely separ-
ated, and immovable either way, these and the
mitral allowing a free backward flow of water.
The valves are now rigid and covered with large
fragile warty calcifications. The mitral valves
are hard, the aortic curtain being fully 1/8 of
an inch thick, and there are inflammatory patches
at their junction. The aorta and coronary openings
present atheromatous patches. The left ven-
tricle is not dilated, and only 1/2 inch in thickness.
The auricle is dilated, its walls normal, and the
lining opaque and contracted. Neither cavity of
the right side is hypertrophied, though the tri-
cuspid valve is slightly thickened.

It is strange that these changes in the heart
were not accompanied by any adequate compen-
sation, and yet did not occasion any disorder in
the patient's system, so as to materially affect his
health, or manifest itself by any of its many
symptoms.

MEDICAL PROGRESS.

RADICAL CURE OF INGUINAL HERNIA.—At
the late congress of Italian surgeons, March,
1888, Prof. Bassini described a new method of
treatment in inguinal hernia, which he had suc-
cessfully practiced in 102 cases. He asserts that
Wood's and Zerny's operations, which have for
their object the closure of the canal by cicatricial
tissue, expose the patient to recurrences of the
hernia unless a truss is constantly worn. This
does not occur in his operation, which restores the
inguinal canal to its normal conformation. His
procedure is as follows: He lays bare the
aponeurosis of the external oblique muscle, and
cuts through it from the external ring to the in-
ternal. The neck of the hernial sac is then sepa-
rated from the spermatic cord and tied or sutured
at the situation of the internal ring; it is next
divided and the ligated part returned to the ab-
dominal cavity. After pushing aside the sper-
matic cord, the posterior margin of Poupart's
ligament is exposed, and the musculo-aponeurotic
layer consisting of the internal oblique and
transversalis muscles, and the transversalis fascia
dissected off from the subserous stratum in such
manner that it can be brought in close apposition
to the posterior margin of Poupart's ligament.