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.

BY A. F. THEOBALDS, M.B., CH.B. EDIN.,
PATHOLOGIST AND ASSISTANT MEDICAL OFFICER, WEST RIDING
ASYLUM, WAKEFIELD.

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.

BY ANDREW WYLIE, M.D., C.M. GLASG.,
ASSISTANT SURGEON, CENTRAL LONDON THROAT AND EAR HOSPITAL.
*With a Pathological Report by V. H. WYATT WINGRAVE,
M.D. Durh., Pathologist to the Hospital.*

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.

his voice and articulation were normal. He had always enjoyed perfect health and his teeth were sound. On examination a large smooth oval swelling was seen occupying the whole of the hard palate. It was the same colour as the surrounding mucous membrane; it was not tender to the touch, very firm in consistence, and slightly moveable on steady pressure. It was apparently attached by a thick pedicle to the left alveolus behind the second molar and had moulded itself to the hard palate. Without employing any anæsthetic a stout wire was passed round the tumour by means of the ordinary Wyld's polypus snare and with the exercise of moderate force the pedicle was cut through with a grating noise suggestive of bone crushing. There was practically no bleeding at the time of the operation or afterwards from the stump which was of about the size of a sixpence and healed rapidly without any complication.

Pathological report by Dr. WYATT WINGRAVE.—The tumour has the appearance of a new potato; it measures 5 by 2·8 centimetres and weighs 13 grammes. The cortical part for a depth of about five millimetres is firm and tough and incloses a hard stony core which reaches the surface at its point of attachment. In structure the cortex is composed of densely packed white fibres mingled with elongated fusiform cells (fibroblasts). The stone-like core consists of compact bone with relatively small cancellous spaces approaching the character of ivory or petrous bone. In nature it is evidently an osteoma growing from the periosteum of the maxilla to which it was attached. There was no sign of any sarcomatous tendency.

Remarks.—Such growths are by no means uncommon in connexion with the facial skeleton, for 16 specimens were shown at the Pathological Museum of the Sixth International Otological Congress, London, 1899 (Churchill's Catalogue, 1900); but this case is interesting from its clinical appearance and its admitting of so easy a removal, since such tumours not infrequently grow in connexion with the maxillary antrum and involve the orbit and other important structures.

Harley-street, W.

A CASE OF CARBOLIC ACID POISONING; RECOVERY.

BY EDWARD BALM,
CIVIL SURGEON, AURANGABAD, DECCAN, INDIA.

ON Dec. 21st, 1907, at 12.30 P.M., I was informed by the father of the patient that his son, aged 19 years, accidentally swallowed 4 ounces of pure carbolic acid half an hour before (thinking it to be some other mixture he was taking). The 4-ounce empty phial, labelled "carbolic acid," was brought and shown me. The boy was ordered to be brought to the dispensary and on admission the symptoms and signs were as follows. He was cyanosed, there was a dark ring round the mouth, there was stupor, the muscles were relaxed, he was unconscious, the breathing was laboured, the pupils were contracted, the cornea was not sensitive, the skin was cold and clammy, the pulse was very thready, and frothy mucus escaped from the mouth. The stomach was washed out by the pump after administering six ounces of castor oil; 3 ounces of Epsom salts in solution were then given. After this the patient began to get worse. The breathing became stertorous, froth issuing from the mouth and the nose, the cornea was insensitive, and the pulse was only a feeble wave. I then gave him a rectal injection of 1 drachm of the tincture of digitalis and 1 ounce of rectified spirit in 6 ounces of water—i.e., two hours after admission.

Finding no improvement I commenced artificial respiration and gave a hypodermic injection of 5 minims of liquor strychninae as the breathing was very stertorous and the pulse was imperceptible. This had no effect, and when all hopes of the case were lost both by myself and the patient's relatives the idea struck me that if I were to relieve the lungs of their congestion it would help the action of the heart as well as that of respiration, and as a *dernier ressort* I removed an ounce of blood from the base of each lung by wet cupping (the blood was very fluid). Exactly four hours after the commencement of treatment and about 15 minutes after removal of the blood the cornea began to wince a little; a few minutes later the patient began to raise one of his legs, which was followed by the chattering of the teeth. Before the end of the fifth hour he fully recovered but complained of a dull pain in the head,

burning sensation at the pit of the stomach, and painful throat.

The after-treatment consisted in steam inhalation for two days and a gargle containing chlorate of potassium. The patient was kept on milk and white of eggs for six days and for another six days a little gruel was allowed besides. On the twelfth day I discharged him from the hospital.

Aurangabad, Deccan, India.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

LARYNGOLOGICAL SECTION.

Exhibition of Cases and Specimens.

A MEETING of this section was held on May 1st, Dr. J. BARRY BALL, the President, being in the chair.

The following cases and specimens were exhibited:—

Dr. W. S. SYME: A series of Stereoscopic Photographs of patients operated on by various methods for Frontal Sinusitis, one of which showed the effect of injection of paraffin to remedy the resulting deformity.

Dr. W. JOBSON HORNE: Nine specimens from cases of Sarcoma and cases simulating Sarcoma in the Upper Air-passages. In all the diagnosis of sarcoma was suggested on clinical or pathological grounds but the large majority proved eventually to be innocent growths.

Dr. DAN MCKENZIE: A case of Mucocoele of an Anterior Ethmoidal Cell in a man aged 35 years; it had been successfully opened from the nose.

Dr. J. DUNDAS GRANT: 1. A large Post-nasal Polypus growing from the maxillary antrum of a young girl. 2. A case of Lupoid Tuberculous Ulcer of the Interior of the Nose in a phthisical patient. 3. A case of Congenital Laryngeal Stridor in a boy aged three and a half years; the stridor was marked, except when breathing very quietly, and had existed all his life with hardly any improvement.

Dr. JOBSON HORNE: A case of Lupus of the Epiglottis in a girl, aged 17 years, who had no sign of tuberculosis or of lupus in other organs.

Mr. H. CLAYTON FOX: A case of Abductor Paralysis of the Right Vocal Cord, with Paresis of the Facial Muscles.

Dr. W. H. KELSON: A case of Tuberculous Laryngitis.

Dr. ANDREW WYLIE: An Angeloma of the Right Tonsil in a woman, aged 26 years.

Dr. J. W. BOND: A case of Malignant Growth, situated behind the cricoid cartilage in an elderly woman, and associated with enlargement of the thyroid gland.

Mr. A. HAMILTON BURT: A case of Septal Deflection in a consumptive patient, for discussion on the advisability of operation.

Mr. E. WARD: Subcutaneous Induration of the Neck in a woman, aged 32 years.

ODONTOLOGICAL SECTION.

Exhibition of Specimens.—Movements of the Mandible.

A MEETING of this section was held on April 27th, Mr. H. LLOYD WILLIAMS, a Vice-President, being in the chair.

The CURATOR exhibited some recent additions to the museum, including specimens of Tusks of Female Dugong, Odontome in an Antelope, Jaws of a Horse and Skulls of Lemur affected by "Swollen Head," and Tumour of Palate of 20 years' growth, apparently a fibroma undergoing malignancy.

Mr. H. W. TREWBY showed models of a case of Incomplete Eruption of the Molars.

Mr. NORMAN G. BENNETT read a paper on the Movements of the Mandible. He described how a wire framework had been made to attach to the lower teeth and to carry two small electric glow lamps in a vertical plane parallel to the median plane. One lamp was immediately opposite the right condyle, the other opposite the sulcus below the lower lip. The subject had sat, during experimentation with the apparatus, with his right side opposite a wall with a large sheet of paper pinned upon it and a convex lens being interposed was so arranged as to focus the images of the lamps on the screen. Thus the paths of the condyle and symphysis during opening of the mouth had been obtained and corresponding points for different positions of momentary rest marked on the