

came to the office, and I feared collapse; he soon rallied, but breathing caused very severe pain. A dose of morphia, gr. $\frac{1}{4}$ quieted him, and he passed a comfortable night.

21st., 10 A. M. Patient quite comfortable, pulse 78, temp. 99, resp. 36. Tongue coated but moist, bowels moved during the day, and he took a little nourishment.

22nd., 10 A. M. Pulse 97, temp. 101°, resp. 36, but takes very little nourishment.

23rd. Pulse, temp. resp. same as yesterday in the morning, but the temp. fell in the evening.

24th., 10 A. M. Pulse 96, temp. 102 $\frac{1}{2}$ °, resp. 36. General appearance favorable, but did not sleep well last night. The wound in front is suppurating considerably.

25th. Temp. normal.

26th. Temp. 100°.

28th. " "

He now improved every day. Up to the 30th, he was entirely helpless, but afterward his strength rapidly returned. There was a considerable discharge through the drainage tubes, but that lessened, and in three weeks the wounds were healed, and in one month he returned to his work. The remarkable feature about this case is that the stick passed clear through him, without injuring the great vessels or lungs.

J. H. GRAY, M. D., Fairville, N. B.

CASE OF MISCARRIAGE.

Mrs. M——, multipara, pregnant. About 12th May, 1886, flowing commenced and lasted for nearly two weeks, when a three months foetus suddenly came away, while she was about her ordinary household duties. The next day it was as though nothing had happened, and so she remained doing the work for a large family until the 10th of June, when uterine hemorrhage re-commenced suddenly and severely, and what seemed like a four months foetus—followed in an hour by another—was delivered. Again in a short time the flowing ceased completely, and as on the previous occasion beyond a somewhat enlarged uterus no one would have known but that everything was all right. I may say that on both occasions I did not see the case till several days after, and then it did not seem to my mind justifiable to interfere. On the 20th of July, and again a few days afterward there were sudden and severe gushes of blood from the uterus which lasted ten or fifteen minutes and then ceased entirely. Aug. 1st I was hurriedly summoned, and found Mrs. M—— in a state of collapse from profuse hemorrhage. Proceeded at once to empty uterus—first having to dilate the os by means of the fingers, and after forty-five minutes hard work succeeded in removing two placentæ—the larger being attached to the side of the uterus, and the smaller well up in the fundus. To my surprise there was not the slightest sign of decomposition, both placentæ being in a perfectly natural state. By careful treatment the patient soon revived and recovered without any trouble.

Now then Mr. Editor, what would you have done under the circumstances? Undoubtedly there was risk in leaving her as she was, but suppose after the first foetus had come away, efforts had been made to completely empty the uterus, would it not have been very improper treatment? I think so, and so did Dr. S. N. Miller, who saw the case once or twice. But still I would ask any of the readers of your Journal their opinion. The point is just this, is the absence

of pain and hemorrhage, even *when the foetus has come away*—sufficient ground for adopting the expectant plan of treatment in miscarriages?

J. A. SPONAGLE.

Middleton, N. S.

CLINICAL NOTE—IN REFERENCE TO CASE OF NON-ARTICULAR ACUTE RHEUMATISM.

Wm. B——, Act. 27, tinsmith, complained on Nov. 27, of this year, of chills and sore throat. When seen on the following day, his temperature was 103 Fah., although feeling chilly. Free perspiration, aching in lumbar region, tonsils and fauces inflamed, nausea and loss of appetite. On the 30th Nov., the perspiration was even more copious, with sour odour, temperature a little over 101 Fah., creamy tongue, throat much improved, flying pains in the lower limbs. He had no previous attack of rheumatism,—heart, lungs, and kidneys were normal.

Treatment after first few days was salicylate of soda, citrates and counter irritation. The case presented all the characters of a moderate attack of acute rheumatism with the unusual absence of inflamed joints, the sheath of one tendon and apparently the deep fascia of the back only being involved.

MURRAY MACLAREN, M. D.

Saint John.

AN ADDRESS, DELIVERED AT THE OPENING OF THE TRAINING SCHOOL FOR NURSES, AT THE GENERAL PUBLIC HOSPITAL, IN ST. JOHN, ON OCTOBER 4TH, 1888.

BY W. BAYARD, M. D., &c.

LADIES,—The success of a hospital depends largely upon its management, upon its medical staff, and upon its nursing staff—each are links in the chain; if one is weak the whole fabric must suffer.

The commissioners and medical staff have been educated for their work, and it is the wish of both that the nursing staff shall be placed on an equal footing with themselves. The commissioners have therefore deemed it advisable to establish a "training school" with the view of educating you for the calling you have embraced. The medical staff will, from time to time, instruct you upon various subjects connected with your duties, and I will now invite your attention to a few general remarks upon nurses and nursing.

Since the period when Dickens portrayed "Sariy Gamp," a great change has taken place in the public estimation of "nurses," and properly so. This change is largely due to the example and teaching of Florence Nightengale, who still lives to witness the result of her good work,—to the fact that as a class they are more refined and better educated, to the feeling that the calling has assumed the position of an art, and to that love of humanity which induces many heroic women to abandon home comforts and social pleasures, to embrace a work with few attractions and many hardships.

The good nurse of the present day is truly a "ministering angel" in the sick room; she may be found in every household, from the castle to the cellar