hurriedly at half-past seven the next morning. reaching the patient's bed-side, which I did shortly after, being about 8 hours from the setting in of the symptoms, I was told by the friends that she had had two attacks of rigidity of the muscles, of the limbs and trunk, during which the head was somewhat retracted, and which had passed off in a few seconds. inquiry I found that she had vomited several times during the night, had been very thirsty, had slept at intervals, occasionally for one hour together, and that, when awake, she had been somewhat incoherent and rambling. Her pulse now was still 144, temp. She is sufficiently intelligent to answer 1051 my questions correctly, and to put out her tongue when asked to do so, etc., but when left alone she is delirious. On looking at the skin I detected a number of spots, livid in color, irregular in size and shapes, some small, no larger than pin-heads; others in size equal to half the surface of a five-cent piece. They could not be made to disappear by pressure, and were not at all elevated. In short they possessed all the characters of petechiæ. The case was certainly serious enough now, in its characters. ordered a sinapism to the epigastrum, beef tea in small quantities, ice, etc. The symptoms became aggravated during the day: the petechiæ becoming more numerous, the vomiting incessant, delirium more marked, and the paroxysms of rigidity recurring at shorter intervals. In addition to the previous symptoms diarrhoea now set in, not to any great extent, however.

Dr. Craik saw the patient with me this afternoon in consultation. In addition to the previous treatment Quinine was now prescribed in 2 grain doses in pill every three hours, and champagne in small quantities, etc. Everything was vomited, however; the vomited matters about 9 o'clock p.m. assuming the characters of coffee grounds, indicating hæmorrhage from the gastric mucous membrane. The patient became comatose, and gradually sank, dying at 4 o'clock on the 27th, having been ill about 28 hours only.

Montreal, July, 1872.

A short account of St. John's House and Sisterhood.

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St. John's House and Sisterhood was founded in the year 1848, and owes its existence to a need very generally felt about that time for a better class of nurses for the sick. Few or no attempts had up to that time been made in England to give nurses an

efficient hospital training, or indeed a systematic education of any sort, still less to elevate and refine their motives, by leading them to regard their work as a religious one.

The design of the Institution is to improve the qualifications and to raise the character of nurses for the sick, by providing for them professional training, together with moral and religious discipline, under the care of a Lady Superior, and resident sisters, aided by a clergyman as Chaplain. The ladies who become resident sisters submit to no vows of poverty, no monastic obedience; there is no cloistered seclusion, no control exercised over the will or conscience.

The Institution derives its name from having had its residence in the district of St. John the Evangelist, in Paneras, London. In 1852, it removed to Queen's Square, Westminster, several of its nurses being admitted to the Westminster Hospital to be trained. In 1854, it provided some of the first nurses accompanying Miss Nightingale to the Crimea, and in the following year prepared and sent more than twenty lady nurses to the seat of war.

In 1856, having entered on the nursing of King's College Hospital, it was found advisable to move nearer to this fresh field of work. The house was therefore moved to Norfolk street, Strand.

During the year of cholera in London, several sisters and nurses were sent to give their help in necessitous districts. In 1865, the nursing of the Galignani English Hospital at Paris was undertaken, and in 1866, that of Charing-Cross Hospital, and since then, others.

In 1870, the large colliery village of Coalville, in Staffordshire, was visited by typhoid fever in an epidemic form, threatening at one time to involve the whole of the inhabitants. Two nurses were sent down, who, in commencing their work found more than 100 cases of fever: in several instances the father or mother, and four or five children were all ill at the same time.

The panic being great, no one could be found to attend the dying people. Cheered, however, by the presence of the nurses, the sick were in ten days reduced to 65, and in six weeks the fever was subdued. Other districts of England have been supplied with nurses in the same manner.

During all this time, notwithstanding the large number of nurses required for these successive undertakings, the staff of private nurses continued to be employed in all parts of the country, thus bringing the benefits of good and tender nursing to many homes of the upper and middle classes, as well as to large numbers of the sick and suffering poor.