

ment of the insane, some system similar to the above shall be adopted, all of the limitations suggested in this paper will be removed. The general physician will turn gladly and immediately to the hospital as the most favorable place for the treatment of his patient, as he now seeks the general hospital in cases requiring the attention of a specialist; the friends of the patient, the horror of asylum associations, and intercourse with crowds of demented, outcasts and criminals, removed, will quickly seek the hospital as a safe and sure refuge, in the time of trouble; and even the economist, I believe, will eventually appreciate the advantage of supporting the patient for a short time, even at a greater expense, and having him return to his family and society, as a rational and self-supporting man, rather than supporting him for years as a chronic lunatic, and perhaps his family for years as paupers.

When the time comes for this generous view as to the treatment of the insane to be adopted; when the necessity for the separation of the acute and chronic insane is recognized as essential to hygienic surroundings for the treatment of the curable cases; when humanity, philanthropy and science, shall go hand in hand in accomplishing the mental restoration of the curable insane; when a rational system of treatment, with mental hygiene and our experience as its fundamental basis, shall be adopted, then I believe the best work in the treatment of the insane will be accomplished. And when that time shall come, we will be able to say with truth, that we can "minister," and minister successfully too, "to a mind diseased."

TRAUMATIC SEPTICÆMIA.

BY J. C. MITCHELL, M.D., C.M., ENNISKILLEN, ONT.

Wm. E., a farmer, æt. 34, while engaged, Feb. 8th, 1895, in constructing a ladder, made a slip with a drawing knife that produced a slight incision over left knee cap. The wound was very small, with scarcely any hæmorrhage. He continued his work until noon—about two hours—when he dressed the wound with a clean strip of cotton.

He was not enjoying vigorous health, as two fingers that had received slight abrasions of the skin some two weeks before had not healed, but

were freely suppurating. He did not feel any inconvenience from the wound until the second day, when he experienced some pain in the limb and groin. The third day the left limb began to swell slightly, and he had chilly feelings with some fever. The swelling increasing daily he was obliged to take his bed. The wound looked well. Poultices had been applied and morphia given for the relief of the pain.

On the evening of the sixth day I first saw him. Condition as follows: Thrombosis of left femoral vein, a great amount of infiltration of tissues of the whole limb, except at knee and over anterior surface. The circumference of limb was double that of right, both above and below knee. The tension was extreme, especially on outer side, where it was of board-like hardness. Some infiltration above the crest of the ilion extending up to ribs, and a slight amount over lower part of abdomen. The whole limb not hot, but moderately warm. The integument on both outer and inner aspects of limb, except at knee, was dark red, in some places of a dusky hue. The wound looked healthy; it had healed by first intention. Lungs were clear, a little congestion of bronchi; heart weak, irregular, pulse 106, compressible and intermittent; temperature 103° F., tongue dry, furred at edges, with central brown streak; eyes sunken, countenance haggard and anxious; bowels had been moved freely, micturation tedious and painful. There was a good deal of delirium, and the general appearance was that of speedy dissolution.

The limb was thoroughly wrapped in hot linseed meal poultices, and had been from time swelling began. No other treatment except an occasional dose of morphia had been used.

He was ordered liberal doses of milk, whisky, and quinine until next day, when I returned to find general conditions improved. He had slept fairly, and was taking nourishment, stimulants and tonics well. I now found some blebs and ecchymosis at lower and outer third of thigh, and upper and outer third of leg. Made incisions, but did not get any pus; found, however, that the infiltration was all between integument and superficial layer of muscles. On the ninth day after the injury, there began a very free discharge of ichorous pus from opening on thigh, and the day following from the one on leg, at the points where