

before its metamorphosis, a very inferior one? "Well! Would it be so disagreeable to inhabit a world of perfume and voluptuousness where the flowers would be animated? where suns of many colors—the diamond joined to the ruby, garnet to the emerald and the sapphire—would shine night and day—blue nights, scarlet days—in the glory of an eternal springtime; many colored moons sleeping on the mirror of the waters, phosphorescent mountains, aerial inhabitants, men, women, and perhaps other sexes perfect in their forms endowed with multiplied sensibilities, luminous at will, incombustible as asbestos, immortal, perhaps. At least, Lilliputian atoms that we are, once for all let us be convinced that all our imagination is but sterility in the midst of the infinite, scarcely seen through the telescope."—*Doctor's Weekly*.

THE LEGAL RESPONSIBILITY OF HOSPITALS IN THE TREATMENT OF PATIENTS.—According to Lorenzo D. Bulette, in the *International Medical Magazine*, the grounds on which a hospital can claim to be exempt are twofold: (1) On the ground of public policy; that if the hospital is liable for the actions of its physicians, charitably disposed persons will be discouraged from contributing to its foundation and maintenance. This argument is met by the statement that the public policy also requires that the onerous duties of a hospital practice shall be performed in a moderately satisfactory way, and that such work should not be exempt from liability from negligence or ignorance. (2) The hospital claims exemption on the ground that it has no capital stock, no provision for making dividends or profits; that its funds are held in trust and exclusively dedicated to charitable purposes, and that no part can be applied to indemnify patients.

The Supreme Court of Rhode Island has decided, after much and careful consideration of the cases, that hospitals cannot be exempted, stating, in regard to the second claim for exemption, that their funds are as applicable to the payment of damages for tort as to the payment of counsel for defending an action for such damages. Both payments are to be regarded as incident to the administration of the trust. The Supreme Court of Massachusetts, in a similar case, has decided in the opposite way. The question, therefore, is more or less of an open one, but after study of the cases on record, Mr. Bulette concludes that the hospital must respond in damages to patients when malpractice has been clearly proved.—*University Medical Magazine*.

MORPHINE IN HEART DISEASES.—Dr. Hervouet (*Le Bulletin Médical*) has studied the action of this drug in mitral insufficiency. All authors agree that it is a valuable remedy in aortic insufficiency and stenosis. It is, however, the same in

mitral valvular lesions and asystolia, as opium is thought contra-indicated on account of its congesting action. However, the numerous cases of the writer show that this is not always true. When other means have failed morphine may be tried in order to calm the dyspnoea and nervous symptoms, and procure sleep. In certain cases where cardiac remedies are of no service, or even injurious, then morphine will calm and stimulate, easing the dyspnoea and causing the other remedies to act. The presence of albumen in the urine is not a contraindication if the albumen be of cardiac origin. If used in asystolia it is well to use digitalis together with the morphine. Caffeine, on account of its stimulating action on the heart, is of especial use in replacing the injections of morphine, when it is desired that the patient become not habituated to its influence. It may be employed at the same time as the morphine. In all cases morphine should be used with great prudence. More than a centigramme ($\frac{1}{4}$ of a grain) should not be given at a time; often half that amount will be sufficient. It is more advisable to repeat the injections frequently than to administer large doses.—*Cin. Lancet Clinic*.

THE PATHOGNOMONIC SIGNS OF PERFORATING APPENDICITIS.—Dr. Simon Baruch (*Med. Record*) emphasizes the point that symptoms of shock, carefully looked for, may always be found in perforating appendicitis. These are as follows: the countenance is anxious, the finger-tips, nose and ears are cool; pulse and respiration are out of proportion to temperature, the right inguinal region is very tender, the patient usually lies with the right leg drawn up. Guided by them, Dr. Baruch opposed the views of an experienced physician in one case, insisting upon the operation; and in another did not approve of the operation advised by an experienced surgeon. In both cases his reliance on these pathognomonic signs proved useful to the patient. On the ground of his own experience, as well as that of others, the author urges that when perforating appendicitis is diagnosed, either positively or probably, an immediate operation to remove the exciting cause is as imperative as ligation of the vessel in hæmorrhage.

The fact that laparotomies are now constantly performed, under strict asepsis, with absolute safety, should induce the attendant to clear up a doubtful diagnosis of perforating appendicitis by an operation before septic peritonitis forbids it.—*Inter. Jour. of Surg.*

BROMIDE OF ETHYL AS AN ANÆSTHETIC.—Bromide of ethyl has been somewhat extensively employed in Vienna for anæsthetic purposes. In Professor Billroth's clinic it was used 300 times without mishap. Death, however, subsequently