of bone, and found about one-half of the two plates which compose the frontal sinus, turned in edgewise on the brain, which could not be removed for arterial hæmorrhage. A great quantity of fœtid pus, and about one teaspoonful of brain matter escaped.

The most remarkable features in the case are that there is no cerebral disturbance, no impairment of vision; in short, no complaints whatever. He acted the most rational of all the patients in the ward, and, I had like to have said, the most sensible.

In dressing I used adhesive straps to prevent the eye-brow from falling on the cheek, and to approximate the edges of the wound, which gave the muscles of the upper eye-lid a point of support, enabling him to raise the lid, when he remarked he could see with the right eye as well as he ever could. When dressed, he expressed himself as comfortable, got up, sat down, and read a newspaper with the greatest composure. I cautioned him about reading much.

Sept. 8th.—When the dressing was removed he presented a very singular appearance; fully one-half the scalp was shaved and the hernia cerebri excrescence protruding of the size of a walnut, heaving with every pulsation. I succeeded in removing the bones of the frontal sinus with a slight hemorrhage; pus plentiful and better, with about a teaspoonful of softened brain matter.

Sept. 9th.—Appetite not good. Tongue cannot be protruded owing to injury of temporal muscle, but what was seen of it was covered with a white thick fur, tip red.

Sept. 19th.—He has continued from last date with little change in his condition, except that he is more sensible of pain on being dressed. The edges of the wound look exceedingly healthy. The pulsating tumour has receded, and nature seems to be putting forth every effort to close the opening.

Sept. 20th.—The bowels have become irritable, and seemingly there is a lack of control over them, with an indifference on the part of the patient. The diarrhœa was checked with lead, ipicac, and opium; but his strength was failing, although his mind was perfectly clear.

When asked if he had any preference for any article of diet, the same indifference would manifest itself. When asked if he had any wife, child, friends, or relatives he wished to have written to in the event of his death, his answer was invariably, "No," remarking, "If a man had to die there was no use in making a fuss about it." Although every attention was paid to his diet, which, under the circumstances, was possible, he continued to sink. Although the diarrhœa was checked, he never rallied from its effects, and finally he died at half-past three o'clock on the morning of the 25th.

The post mortem revealed a much more congested and inflammatory condition of the brain and its membranes than the weakened pulse of a few hours previous would have indicated. There was also a large quantity of watery effusion into the ventricles, mixed with pus. The fracture of the parietal bone, as will be seen by the specimen, is much more extensive than we would have supposed, reaching to within two inches of the occipital bone, a distance of five inches from the seat of injury. There is also a large clot between dura mater and skull at suture of os frontis and parietal bones. Such extensive injuries precluded the possibility of ultimate recovery.

Brockville, July, 1873.

CORRESPONDENCE.

MEDICAL ETHICS IN ONTARIO.

A correspondent in a populous Canadian town writes us:—"The subject of Medical Ethics is one that is ignored here to a deplorable extent. Its principles need ventilation, and the offenders need castigation at the hands of the press." This correspondent also refers to breaches of etiquette on the part of elderly practitioners by whom ignorance cannot be pleaded. He promises to return to the subject.

THE MEETING OF THE MEDICAL ASSOCIATION AT ST. JOHN.

A correspondent in Lower Canada writes, asking for information on the "exact condition of the various medical associations of Canada,—Ontario, Quebec, and the other provinces, their powers, and present condition and relations, and what objects they have in view, with a comparison with the medical societies and their politics, of the old country—and where information may be had on these points. He thinks "it might be of use for medicoes going to the meeting of the Medical Association of Canada at St. John on the 6th August, as many go there, and don't know in what condition and under what laws the medical fraternity exists, and consequently can neither understand nor speak upon subjects that are brought up at those meetings."

[The objects of every medical society are, or should be, distinctly laid down in its Constitution and by-laws. Medical men going to St. John, ignorant of the nature and scope of the Medical Association should at once apply to the secretary for a copy of the constitution.]

ROCKWOOD ASYLUM.

A correspondent writes:—"Give us some reports of cases in your asylum—(Rockwood Asylum)—as these are almost never reported in the journals; and I am sure would prove very interesting and turn the attention of your readers more to this much neglected territory for medical observation and research."

[We hope soon to be able to oblige our correspondent and others interested in psychological medicine by such reports referred to.]

A QUESTION IN MEDICAL ETHICS.

To the Editor of the Medical Times.

Sir,—Here is a question in Medical Ethics that came up with me lately. A patient—(obstetric)—engages an M.D. for the accouchement, who has never before attended said patient. When the event takes place, the M.D. engaged being out of town, another is called in, who is not informed of the former engagement for a couple of days after. What is the duty of the second M.D. on receiving this information.

Beta.

Montreal, July 21, 1873.

[The answer would not be complete without first stating that the husband of the patient committed a breach of conduct in not sooner acquainting the officiating accoucheur of the precise standing of his engagement. However, a lady's preferences must be consulted, and one's own dignity and independence be maintained. The second M.D. should have at once acquiesced, and, calling in the first one, have turned the patient over to his care. In this case, however, the officiating practitioner is entitled to his fee and ought to render his account.

MEDICAL NEWS.

Professor Donders, the eminent opthalmologist of Utrecht, is at present a visitor to London.

Mr. Charles Semon, of Broughton Hall, near Skepton and Bradford, England, is about to erect on an elevated site at Ickley a convalescent hospital at an expenditure of 6,000 pounds.

According to a Parliamentary return just issued thirty nuns are engaged as nurses in Irish workhouses, and sums of money, amounting in all to 005 pounds, are paid to them for their services.

The first English midwife who appeared as an obstetrical writer was Mrs. Jane Sharp, of London, whose work was published in 1671, under the name of the "Midwives' Book," a duodecimo of 418 pages.

At this meeting the newly-elected Councillors—Messrs. Walton, Southam, and Marshall—took their seats; and the newly appointed examiners—Mr. Marshall and Mr. Holmes—will begin their labours at the primary examination held on July 12.

The transformation of church property into public institutions is bearing fruit in Rome. The Convent of San Lorenzo on the Viminal is now converted into a chemical school, where Professor Canizzari, well known to the scientific world, has his residence. Part of the noble grounds which environ it is destined for a botanic garden.

The annual elections to the various offices in the College of Surgeons took place at the meeting of the Council on Thursday, the 10th inst., when the following officers were elected:—President, Mr. Curling. Vice-Presidents: Mr. Le Gros Clark and Sir James Paget. Examiners in Medicine: Dr. Peacock and Dr. Wilks. Examiners in Midwifery: Dr. Farre, Dr. Barnes, and Dr. Priestly. Professor of Surgery and Pathology: Mr. T. Holmes. Professor of Comparative Anatomy: Mr. W. H. Flower. Professor of Dermatology: Mr. Erasmus Wilson. Lecturer on Anatomy and Physiology: Mr. Callender.

THE SANITARY CONDITION OF DUBLIN.

The Shah has left us; but there is another Eastern potentate for whom, we fear, we shall prove much less prepared, his atrabilious Majesty King Cholera. Dublin has awoke to the anticipation of his advent, not a day prematurely, if we are to trust her leading organ. The Liffey, according to the Evening Mail, is "an offensive ditch, an indescribable nuisance, and an hourly peril; but we must not forget that the city is seamed, so to speak, with stable-lanes and alleys, some of these contiguous to our best streets of business or residence, where rotting filth yields its deadly poison copiously to the sun, and is borne by light and subtle breezes into the lungs of the sickly, to paralyse weak constitutions, and multiply the prey of pestilence." No health inspector, we are told, penetrates into these deadly regions, as is evidenced by the mass of vegetable debris accumulated for months over every yard's space. The city must be thoroughly cleansed—a process which should be gone through before the period of greatest heat renders it dangerous to stir the offensive matter into the air. It should be divided into districts, every part of which should be scrutinised once a fortnight. Positive nuisances would then be abated, and, yet more, the citizens would be compelled to overhaul their premises, and co-operate with the sanitary officers. Not only public hygiene, but public morals would benefit by such care. The example of filthy streets produces or perpetuates domestic slovenliness. Fetid and uncomfortable homes drive their tenants to the gin-palace, where the "vitriol poison," as the Poet Laureate terms it, maddens the brain to the perpetration of wife-beating and those street rows which have made Dublin so notorious. The social sorites, whose major premiss is sanitary neglect, and whose conclusion is household misery and public rowdyism, is complete. Its practical refutation is those reforms which the Dublin Sanitary Association has so well begun, and which "house-to-house visitation" will contribute most effectually to consummate.