

In years long gone by there possibly may in Montreal have been difficulty in filling appointments in the manner we indicate, but certainly within the last fifteen years half a dozen such men could have been had for every vacancy which has occurred. Our contemporary, the *Canada Medical and Surgical Journal* for April, has an editorial upon this subject, and with much of it we agree. We, however, think that in some of his arguments he is not quite logical. For instance, he complains that one of the candidates has used political influence to secure votes, and this he most strongly condemns. At the same time he admits that, other things being equal, private friendship and ordinary social influences will always turn the scale. Where lies the difference? Suppose we transpose it thus: other things being equal, political influence will always carry the day. Surely the one which is most powerful will carry the day, and, as political is more powerful than personal or social influence (an admitted fact), what objection can he offer against the one which is not valid against the other, "other things being equal." Our contemporary complains also of one of the candidates having got as many of the Governors as he could to sign a paper in his favor, "a thing hitherto unknown." Were the Hospital Staff and the Governors to accept the advice we have given them in this article, such action would be unnecessary, but, as matters stand at this moment, we for our part feel that any action which candidates may feel necessary to take in their own interest must be judged with a lenient eye. It is not pleasant to have votes taken from you "because Governors are told that the election of the one they had pledged to, would be a calamity to the Hospital," and yet that such instances have occurred we are assured is the case. There are other points connected with these Hospital appointments which we may subsequently write about. In the meantime we have said sufficient to show that the manner in which they are made is not that which prevails in the majority of similar institutions elsewhere, and that it is not satisfactory to the majority of the profession in Montreal. If any one is prepared to deny our assertion, we are willing to go to proof.

PUERPERAL MALARIAL FEVER.

Dr. Fordyce Barker has read a paper with

the above title before the Medical Society of the County of New York. It throws some light on cases that might have passed under the category of puerperal fever or septicemia.

He states: "The most prominent symptoms were chills, sometimes very slight; a temperature higher by one or two degrees, frequently, than was found in the beginning of any other puerperal disease; rapid pulse, greater prostration than was usual with other diseases during this period. After such an explosion, there was a remarkable remission on the following day, but the alarming symptoms returned after one, two or three days, yet usually less severe. Only typical cases presented such a succession of phenomena." Dr. Barker's treatment consisted of Warburg's tincture, which he found more effective in producing the desired results than the largest doses of quinine.

Quite recently we had in our own practice, on Ontario street, a case answering to the above description. The first attack began five days after confinement, consisting of a severe chill, followed by a hot stage, a temperature of $104\frac{1}{2}$, and a quick pulse. A ten grain dose of quinine was given. The next day she was much better, the temperature almost normal. She complained of excessive prostration, but this rapidly lessened during the next twenty-four hours. On the third day from the first attack, and at about the same hour in the afternoon, another chill was experienced, followed by similar symptoms as the first. The temperature did not rise higher than $103\frac{1}{2}$, but the prostration was as extreme as with the first attack. These attacks came on every third day for two weeks. The confinement was a normal one in every respect. Our patient had never lived outside of the Province of Quebec. The lochial discharge was normal, but was lessened during each explosion, and returned during the interval. The lactal secretion was abundantly established, but disappeared during the illness and did not return. If we remember that Montreal, at least some parts of it, is built upon low lying ground, as Ontario street, which was a marsh as far as it extends eastward, and as most of us have had occasional cases of ague originating here, perhaps the gate is open for further investigation into the action of malarial poison upon parturient women. Some years ago, ague was common enough in Griffintown, but no record has come to light how it affected lying-in cases.