

ver and Victoria should be dumping-grounds for this class of people. With one exception the patients are Chinese, from whom the Dominion Government receives fifty dollars per head on landing here, and it is nothing but simple justice that people of that nationality when afflicted with leprosy should be cared for at the expense of the Dominion at large, more particularly when both the patients discovered in Vancouver were recent arrivals from the eastern parts of Canada and the United States. We trust that the attention of our representatives now at Ottawa will be called to this matter, and efforts should be made to have something done this session to remove this disgraceful condition of things. A couple of good, strong resolutions by the city councils of Victoria and Vancouver, we feel assured, would go a long way just now in strengthening the hands of our representatives in their efforts to obtain redress of our grievance in this respect. We trust they will be forthcoming before it is too late.

THE ROYAL JUBILEE HOSPITAL.

This splendid institution has been in financial difficulties lately, but we are pleased to see that with the combined aid of a city and government annual grant, both of which are to be given it, the Jubilee Hospital's future is assured. The expense of running such an institution was very great, and it was surprising to many when it was learned that a deficit existed of some \$35,000. Hitherto the hospital has been run on private subscriptions almost entirely, and as it was to all intents and purposes the public hospital of the city of Victoria, it seemed rather an anomaly that the corporation of that burgh did not contribute anything to its maintenance. There were some hints thrown out at several of the public meetings on the question of the city taking the hospital over at dissatisfaction with regard to exclusiveness in the medical attendance, but with a recognized board of directors there should be no difficulty in arranging a satisfactory condition of things for all concerned in that particular respect. We do not pretend to know anything at this distance (Vancouver) of the grievances of the medical men at the capital, but we can testify to the good work done by the staff (particularly in surgery) of the Jubilee Hospital.

Some time ago we published an article on that subject to which we refer our readers. We hope we have heard the last of the financial and other oubles of the Royal Jubilee Hospital.

CASES IN PRACTICE—PERFORATION OF ABDOMINAL VISCERA.

H.P., labourer, aged 38, lived with his family; engaged in rolling logs in mill-yard. No previous history of illness. Complained of soreness in lower part of abdomen, after returning from work on Saturday evening. Was seen by a physician Monday evening, when diagnosis of subacute peritonitis was made. No vomiting; temperature normal; moderate tympanitis; constipation. Symptoms continued much the same until Tuesday night, when severe vomiting occurred, with indications of sepsis. Saw patient Tuesday noon: was vomiting, pulse rapid and weak, abdomen distended. Recommended and received permission to adopt surgical measures, as affording the only hope of relief; but upon arriving at the hospital his condition was such that operative interference was considered unjustifiable. Death ensuing three hours after his admission.

Post mortem by Dr. Richardson, house surgeon. Purulent peritonitis; appendix normal; directly anterior to upper part of sacrum was found a well-defined abscess, containing some four ounces of offensive pus, some fecal matter, and a piece of resinous fir wood, one and three-quarters inches in length, irregularly pointed at ends, and as thick as a lead-pencil. Leading into this abscess, and explaining this collection, was perforation of the sigmoid flexure of colon. No information had been offered by patient relative to the swallowing of any such body. The only possible explanation that could be given by the family was that three days previous to the commencement of patient's illness, he had slipped from a log into deep water, and while struggling might have unconsciously swallowed the piece of wood.

W.R., carpenter, aged 51, lived with his family. Had been a sufferer from occasional attacks of "dyspepsia," but during the last two years had enjoyed excellent health, until within the last two months, when he began to suffer from exhaustion, with occasional pain in region of pylorus; also lost