

every public hospital in Canada and the United States adopting it, and making stated returns to some central committee by whom the tabulated results could be generalized and published. There can be no doubt of the great good that would come out of such a practice.

ROOKWOOD ASYLUM.

Report of the Medical Superintendent of Rookwood Lunatic Asylum for the year 1872.

Dr. Dickson has presented another annual report respecting the affairs of this Asylum. At the very outset we find an account of the labours of the patients and keepers in quarrying rock, and improving the grounds, whereby several acres of barren waste were converted into good arable land. The labour was rather severe, but it was carried on with the greatest spirit of cheerfulness. No men could work better than the patients did, and although a great deal of blasting was required happily no casualty occurred. The Medical Superintendent says:—"Steady employment has a most decidedly favourable effect on the patients, both mentally and physically. I therefore endeavour to find employment for all who are at all capable to perform work of any kind, and as I have established workshops for blacksmiths, carpenters, tailors, shoemakers and painters, I have no difficulty in finding employment for willing hands at all times. These different branches of industry are not only beneficial to the patients in a hygienic point of view, but by utilizing the labour of the inmates, I have been able to effect an immense saving to the country, so that by this and other means I have reduced the cost of maintenance of the patients fully thirty-three per cent, and in addition to all this the improvement I have effected on the property by the agency of the patients has increased its value four-fold."

Dr. Dickson advocates the separation of the criminal from the non-criminal lunatics at Rookwood. We quote:—"It is, I think, the universal opinion of all persons having anything to do with the management of lunatic asylums, that the criminal and non-criminal classes of lunatics should never, under any circumstances, be admitted for treatment in the same building. They should never be permitted to commingle, as one vicious criminal lunatic is sufficient to contaminate a whole ward full." Dr. Dickson points out an opportunity for effecting this separation by sending the criminal lunatics to the Penitentiary to occupy the workshops (converted into wards) rendered vacant by the removal of convicts to the Province of Quebec.

The report contains the usual statistical matter and financial statements. There were in the Asylum 1st Jan. 1873, 349 patients—208 males, and 141 females; admissions 64; 23 were discharged recovered; and 21 died; transferred 1, eloped 2. Remaining in asylum 31st Dec., 1872, 199 males, 167 females; total 366. The average cost of each patient for the year is \$113.43.

Animal poisons, whether from the snake or the mad dog, appear still intractable. Last May, at Barton-on-Irwell, a boy aged nine was bitten by a cur; although the wound was dressed almost immediately, he died after several weeks' great agony.

SUGGERY.

COMPOUND COMMUNED FRACTURE OF THE CRANIUM.

By S. C. HILLIER, M.D., Enniskillen.

Amid the busy scenes of practice, I send you a few hurried notes of a case which lately occurred within my limits, and which may prove of some interest to your readers, not so much, perhaps, on account of its rarity, as showing the amount of injury the system may sustain and recover.

On the 10th of June last I was called to visit a patient, about six miles from my office, reported by the messenger to have been dangerously if not fatally injured by the fall of an old building, which the unfortunate man was assisting to take down. On my arrival I found the poor fellow stretched on a mattress with his head weltering in blood, surrounded by a number of people, both male and female, such as usually congregate at a country bee, speculating on the chances of the victim, who had received (principally upon the head) an unenviable amount of force from three falling bents. After examining the pulse and finding that life still existed, I had the patient removed to a large table, sponged the head, and proceeded to examine the wound, which proved to be very extensive. Commencing on the left side, at the external angular process of the frontal bone, it extended a little to the right of the median line, thence backwards to near the lambdoid suture; from this a second line extended from the anterior superior angle of the parietal to the middle of the squamous suture. The scalp on either side was peeled off to the roots of the ears, through which the cranium with the glistening occipito-frontalis protruded, giving my patient the appearance of a victim having recently escaped from the "Mordoc war."

On further examination I found that the right temporal muscle was torn from its attachments, the superficial and deep temporal vessels lacerated, which gave rise to the hemorrhage, and the posterior inferior portion of the parietal, together with the squamous portion of the temporal bones, broken, and tightly wedged in on the brain. Having thoroughly satisfied myself as to the nature of the case, I stated my opinion to the friends (which certainly was not very assuring), who were satisfied to allow me to exercise my own judgment in the matter. With the valuable assistance of my friend, Mr. Hooper, student of the Royal College, I commenced the task. The first piece of bone was removed without difficulty—the remaining fragments were so wedged in that they resisted all efforts to remove them with the lever. Consequently, I had to resort to Hey's saw. I divided the largest remaining fragment, which tended very much to facilitate the removal of the others. The bones now before me are six in number, which when placed together are somewhat quadrangular in form, measuring two and three-quarters by four inches. I might here state that the dura mater, with the exception of a slight congestion, was quite normal. Again sponging the parts thoroughly, the scalp was readjusted and held by sutures.

The head being now completed, my attention was directed to the extremities. I found the first

phalanx of the great toe, first and second phalanges of the second toe of the right foot, completely smashed, the foot, knee and hip badly contused; but being impressed with the idea that already I had executed as much surgery as the subject would bear, I dressed the toes slightly, and determined to wind up the operation by removing the patient to a hard bed in the middle of a large room, where ice bags were continually applied until my next visit.

July 11.—Patient comatose. Has swallowed a little water during the night. I succeeded in administering hyd. chlor. gr. x, which acted freely on the bowels. Repeated this dose every second day. Pulse 100.

There was very little change until the 15th, when reaction seemed to have fully set in. The expression of the eye became wild. Pulse 130. At times he recognized his friends, but for the most part was boisterous and hard to manage. Scalp wound doing well—healthy discharge. Foot badly swollen, the toes becoming gangrenous. Prescribed chloral hydrate gr. x every hour until easy. It acted like a charm, a single dose producing quietude.

July 16.—Prospects brighter to-day. Patient easy; pulse reduced to 120; scalp wound doing well, and appetite improved. The foot badly swollen. I removed the toes at the articulations, and dressed them with linimentum acidi carbolic (1 to 8), and continued the same treatment as before.

No important change occurred for several days save in the appetite, which became almost insatiable. The wound continued to heal. The pulse gradually lowered, but the mind remains in *status quo*. He is conscious of things around him, recognizes his friends, but the past is a blank. He has frequent hallucinations, and his general expression is maniacal.

On the 25th we removed him to his own residence. His mind was slightly improved. This was my last visit.

July 30.—To-day the patient visited my office. The scalp wound is completely healed. He is quite rational and in good spirits. At present he is able to attend to his business.

Enniskillen, Ont., August 12, 1873.

CORRESPONDENCE.

THE MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL TIMES.

Dear Sir,—Kindly permit me to express my sense of satisfaction at the prospect which is now held out of the next session of the Canadian Medical Association being held in Ontario. I read the announcement in your last number with much pleasure that the next meeting will be held at the Falls of Niagara. It occurs to me, however, that it would have been the proper thing had the Association received an invitation from one of the cities of this Province, so that the members could have been hospitably entertained instead of being left to mere hotel accommodations at the Falls of Niagara in the height of the season. We must grant that there are great natural attractions at Niagara which might well induce the choice; but it seems to me that a session at Toronto or Hamilton and an excursion to Niagara, would have met this natural desire to witness one of the grandest spectacles in nature, while it would have looked better on the part of the cities of Upper Canada. I suppose I may be met by the objection that this point ought to have been brought forward before the meeting of the Association at St. John was held, and that it is too late now to refer to the matter; but I submit it is never too late to make amends for an omission, and I should be glad to see the matter taken up so as to rectify the obvious want of attention.—Yours, &c.,

URBANUS.

Hamilton, Aug. 11, 1873.