

other. It is a very easy matter in any house, to introduce a free supply, from the outside, of fresh air, even in calm days, through open windows and doors; and in mild or warm weather, this plan is both the cheapest and the most effective means of ventilation; but whatever the advocates for sleeping, in all weathers, in rooms with all windows open, may declare to the contrary, it is a very undesirable indulgence in Canada, where the thermometer comes down to nigh zero, and a fresh wind is blowing. For our part we can see very little difference between being killed by foul air, or shivered to death by too much cold air.

In ordinary dwelling houses, no better means of ventilation can be provided than the old-fashioned cheerful *grate* fires. These vacuum creators never fail to do their work thoroughly, despite the closest fitting doors and windows; unfortunately, however, they are regarded by many proprietors and tenants with disfavour, because of the expense of keeping them in operation—all heat expended in producing chimney draft, is held by such persons, as waste of fuel, and their great study is not to carry off the heated foul air, but to retain it—as the question here lies between the cost of a little extra fuel, and doctors' bills, and our profession is much overstocked, our readers may pardon us for avoiding enlargement on this subject.

We are pleased to see that Dr. Billings has given, deservedly in *italics*, a *coup de grace* to a delusion which has long obfuscated the brains of quack ventilators. He thus writes:—"I must also insist upon the fact, well known to all physicists and chemists, but usually unknown to pseudo-scientific writers on ventilation, that carbonic acid is equally diffused throughout the room; it does not collect near the floor, and the fact that its specific gravity is greater than that of air at the same temperature, has nothing what ever to do with questions of ventilation in a hospital."

Every medical tyro, who has been taught the law of diffusion of gases, thoroughly understands this fact; and yet it has fallen to our lot to be sometimes pestered with the inane deliverances of stilt-walking officials, pitch-forked into positions of supervision for which their chief, if not sole, qualification, has been,—well, let that pass; everybody now-a-days knows that knowledge is *not* power, and that the possession of it, dissociated from political toadyism, or sycophantic subservi-

ency is about the most hopeless recommendation to executive approval which any candidate can offer. Dr. Billings has sufficiently discussed the relative merits of the several modes of ventilation which are now availed of in hospitals and other institutions. We should be very glad to be able to give an extended resumé of his valuable experiments and observations, but this would be impossible in an article so necessarily brief as a journalistic notice.

Before, however, closing this notice, we feel called upon to express our demurral to one passage, which, we fear, may be, by governors or trustees of large public institutions, wrested from the context, and most dangerously misapplied. It relates to the numerical occupancy of sick wards, or other apartments. The words are:

"Whether a man has 250 or 2500 cubic feet (of space) the amount of fresh air required for dilution to a certain standard, will be the same after a very short time."

Now if we felt assured that in an overcrowded hospital ward, this *requirement* would be always secured, or that it *could* be secured without imminent peril to the occupants, we might not deprecate even the dislocation of the above passage; but who does not know that overcrowded wards are always defectively ventilated, and that it is little short of murderous to drop the most casual phrase on the harmlessness of overcrowding, in the hearing of public officials, whose main study is to exhibit their own efficiency by displaying in figures of dollars and cents, their high economic merits.

PATHOLOGICAL REPORT OF CASES IN THE MONTREAL GENERAL HOSPITAL FOR THE YEAR ENDING MAY 1st., 1877. By Wm. Osler, M. D. Prof. of Physiology, McGill College. Montreal: Dawson Bros. Toronto: Willing & Williamson. Price 75c.

The author states in his preface that one hundred autopsies have been entered in the post-mortem book of the Hospital, for the year ending May 1st 1877. In the report, brief summaries are given of the cases of practical and scientific interest, together with a synopsis of the clinical features. The cases are grouped under the various organs affected, as the osseous system, circulatory system, respiratory system, gastro-intestinal system, genito-urinary system, etc. Some of the autopsies are of exceeding interest, and we must congratulate the author upon