

jury should acquit him; but if they thought that under the circumstances he should have sent for a doctor and that the marks on the face should have shown him, if he knew anything, that this girl was suffering from purpura, they would be justified in coming to the conclusion that there was criminal misconduct which arose from gross ignorance. The jury found the prisoner guilty of manslaughter, but recommended him to mercy on the grounds of his ignorance and considered that the dental firm who employed him was culpable. The judge in passing sentence said that, having regard to all the circumstances, he did not think he should send a particular individual to jail who was the mere instrument of a company; he would allow him out on a personal recognizance of \$500 to come up for judgment when called on.

Carbon Monoxid Poisoning from a Benzine Explosive Engine

The explosive engine which has recently come so much into vogue in the motor-car, motor boat, and aeroplane, has proved a new source of carbon monoxid poisoning, as the following case, which is reported from New Zealand, shows: Five men went out fishing on a motor launch propelled by a six-horse-power benzine engine. One was a strong young fellow aged 20, in good health, who crawled forward past the engine and lay down in the cabin about 8 p. m. Soon afterward he was heard to groan, but lay quiet and soon thereafter was thought to be asleep. He could not be wakened at about 11:30 when the boat reached the shore. About midnight he was seen by a physician, Dr. Barclay. His face looked of a natural color, so that at the first glance the doctor thought he was alive. The body was still warm but there was no sign of heart's action or respiration. The prolonged use of artificial respiration and hypodermic injection of strychnin were without effect. Next day a necropsy was made. The lips were pinkish red. The blood was of the color of vermilion. There were no signs of organic disease. A specimen of the blood was found to contain carbon monoxid to the extent of 50 per cent. of saturation. As there was no fire on the boat the only possible source of poisoning was the benzine engine. Further inquiry showed that men attending these engines in the cabins of launches often have toxic symptoms—headache and dizziness. As precautions against such fatalities Dr. Barclay suggests the following rules for motor boats: 1. Adjust the supply of benzine and air as accurately as possible to secure complete combustion. 2. See that cylinder fittings are not leaking unduly. 3. Ensure as much ventilation as possible in the engine room.

New Regulations for Health Officers

The health officer, who was originally only a physician who combined public-health work with his ordinary practice, has become more and more differentiated into a special class. The government has issued new regulations for health officers, which further increase this change. In a memorandum just issued, the Local Government Board states that while excellent work has been done by many health officers who are also in private practice, experience has shown that it is desirable, wherever practicable, that the health officers should not be so engaged. The reason is that often they have to offend their clients in carrying out their public duties. In all the large towns and districts the health officer is now a specialist who devotes his entire time to public health, but in the smaller districts the work is still combined with private practice. The board now advises these districts to obtain the services of a man who is not engaged in private practice by combining with neighboring districts or by combination of other public appointments with that of public health. The public offices which the health officer may be allowed to hold are school medical officer, police surgeon, public vaccinator, district medical officer, medical officer of the workhouse, superintendent of the isolation hospital and factory surgeon. The memorandum proceeds to urge that the salary offered to the health officer who devotes his whole time to public health work should be sufficient to attract men with good qualifications.

Complete Traumatic Avulsion of the Heart

The following remarkable case has been observed at St. Mary's Hospital: A boy, aged 6 years, was taken to the hospital dead from severe injuries inflicted by a motor omnibus. Though the external injuries were slight, consisting of bruises and abrasions and slight bleeding from the nose, the internal injuries were severe. They included depressed fracture of the symphysis pubis and left innominate bone and lacerated wounds of the liver, spleen and small intestine. All the ribs on the left side except the eleventh and twelfth were

fractured mostly in two places, before and behind; the right second rib was fractured. The right bronchus was severed and the pedicle of the lung nearly divided, but the lungs themselves were uninjured. The right pleural cavity contained blood and in its lower part the heart lay completely detached. The pericardium had been ruptured vertically on the right side, and through the aperture the heart had evidently escaped. There was a fracture of the spine at the level of the third dorsal vertebra. The upper end of the descending aorta and the esophagus were ruptured. In spite of the terrible internal injuries there were no marks of violence over the thorax.

Model Rules for Nurses

Sometimes nurses give annoyance to medical men by usurping the functions of the physician, in criticizing treatment and in other ways. The following model rules for inclusion in the rules of nursing associations have been drawn up by the British Medical Association: 1. The nurse shall in every case carry out the directions of the physician in attendance. 2. When requested in an emergency she may visit and render first aid without awaiting the instructions of the physician. 3. If in her opinion the attendance of a physician is necessary, she must insist that one be sent for, and if for any reason his services are not immediately available, she must, if the case be still urgent, remain with the patient and do her best until the physician arrives or the emergency is over. Should the advice to call a doctor be not acted on, the nurse must at once leave and report the case to her secretary, and must not attend again except in case of fresh emergency. 4. Should any further attendance be requested by the patient when the emergency is over, the nurse must explain that the physician will decide whether this is necessary. 5. No attendance after a first visit shall be given by a nurse unless she has informed a physician and received his instructions. 6. Apart from her duties as a certified midwife a nurse must on no account prescribe or administer on her own responsibility such drugs as should be prescribed only by a physician. 7. No midwife in the employment of a nursing association shall accept an engagement without first asking the patient to state, and herself registering the name, of the physician to be called should any emergency arise. 8. A nurse shall in no case attempt to influence a patient in the choice of a physician or of an institution.

Surgeon Sued and Acquitted for Purposely Leaving a Swab in the Intestine

A well-known surgeon, Mr. Charles Ryall, has been sued for leaving a swab in the intestine and the case has caused considerable interest in the profession. Mr. Ryall operated on a woman for fibroid tumor on Nov. 5, 1908; on opening the abdomen he found extensive adhesions and the operation proved severe and dangerous. In separating the adhesions, a tear 4 inches long occurred in the intestine. The adhesions prevented the bowel being brought out of the abdomen and it was necessary to take instant steps to stop possible leakage. He did the quickest thing—put a swab into the bowel, sutured the intestine and completed the operation without removing the swab, as he considered that this would have been dangerous. After the operation, he told the head nurse that there was a swab in the bowel and asked her to watch for its passage by rectum and she reported later that this had taken place. A few days after the operation, the patient, suffered from pain which her physician attributed to flatulence. She recovered from the operation but the pain continued and in March, 1909, a "lump" appeared in her right side. On October 15, she passed a large swab which was hard and stiff.

For the plaintiff, Mr. Russell Howard, surgeon to the London Hospital, gave evidence. He stated that he had performed many abdominal operations but had never left a swab in the body which could not be removed within twenty-four hours. He had never heard of a swab being left in the body in the manner described. In cross examination, he admitted that if the tear in the intestine was 4 inches long it was proper to pack the intestine with a swab, but it should have been placed with a tape outside to call attention to the fact that it was there and enable it to be pulled out. For the defendant, Sir Alfred Fripp, Surgeon to Guy's Hospital, stated that it was a common practice to leave things in the bowel and that a Murphy button had been retained for years. Mr. Miles, surgeon to the Cancer Hospital, and Mr. J. E. Lane, senior surgeon to St. Mary's Hospital, gave similar evidence. The latter said that the operation was extraordinarily difficult and that the plaintiff had made a marvelous recovery. He considered that in using the swab and suturing over it Mr. Ryall showed great resource. The nurse stated that she was directed by Mr.