

catarrh, which, however, seldom endures longer than twenty-four hours.

The history of the interesting condition here sketched points with little doubt to germ influences in the lower atmosphere. At the summit of the mountain organisms do not exist, or, if they do exist, only in innocuous numbers. At the low level they relatively thrive, and, seizing upon the "virgin soil" of a renewed and susceptible mucous surface, they set up the irritative and mildly toxic phenomena described.

In a paper read before the British Medical Association in 1889 the present writer pointed out that, under certain circumstances, advantage might be derived from high level residence in the treatment of tuberculous conditions; and the subject of this note he considers to have a bearing on his views.

TWO CASES OF RAPIDLY SPREADING GANGRENE OF THE UPPER AND LOWER EXTREMITIES : AMPUTATION : RECOVERY.

By J. TERRELL WILLIAMS, M.R.C.S., ETC.,

Senior Honorary Surgeon, North Lonsdale Hospital, Barrow-in-Furness.

MR. R. JONES's interesting case, published in the BRITISH MEDICAL JOURNAL of November 3rd, 1894, has induced me to report two cases recently treated in the North Lonsdale Hospital.

R. W., aged 53, of somewhat intemperate habits, fell while under the influence of drink and dislocated his shoulder (not for the first time). The condition of the shoulder was not discovered until the following morning, when the local doctor reduced the dislocation by manipulation. Within a very few hours the hand was cold, shrivelled, and dark in colour, and deprived entirely of feeling. On admission to the hospital on August 21st, three days after the injury, the hand was black, cold, and shrivelled, at intervals up the forearm and arm, and on the pectoral muscle and in the axilla were large purplish black spots, covered with bullæ containing black fluid. Pulsation could be felt high up in the axilla, but not in the radial or brachial artery. The patient was unwilling to have the arm removed at this time; however, after a few days' delay the condition of general gangrene became so marked that he was even anxious to be rid of the offensive odour and pain in the shoulder, which had become very severe. I removed the arm at the level of the insertion of the deltoid. He made an excellent recovery. The artery was firmly plugged from the axilla down to the hand; the veins were uninjured.

W. D., aged 26, was admitted on July 12th. Seven days earlier his thigh had been crushed between buffers. At the time his doctor did not think seriously of the case, so little mark was there of severe injury, and there was no fracture of bone or lesion of skin. As is usual in this district poultices were freely applied for two or three days, when it was noticed that the leg had lost all sense of feeling, had become black, cold, and covered with huge bullæ, and exhaled a most offensive odour. On admission to the hospital the limb was evidently in an active state of putrefaction up to 3 inches above the knee. The general condition also was most desperate. The temperature was 104° F., the pulse very weak, and the face had a most anxious expression. However, I determined to give him the chance of removing the limb. This I did high up in the upper third of the thigh. He made a rapid recovery, and left the hospital on August 13th. Both popliteal artery and vein were ruptured just below Hunter's canal.

REMARKS.

I have never before known gangrene follow luxation at the shoulder, notwithstanding the fact that I have seen a great many such injuries, and not rarely have had to use considerable force in their reduction. As I have mentioned in this case, neither the knee nor heel was called in to help in the reduction. In the second case, it is rather remarkable that bone and skin escaped injury while both artery and vein were ruptured. Very little blood had escaped, although the rent in the artery was fully half an inch in length, while the vein was torn open for fully 2½ inches.

I may here relate the sequel to a case in which the superficial femoral was tied for popliteal aneurysm, and the external iliac for aneurysm of the femoral on the same side. The case was reported in the BRITISH MEDICAL JOURNAL about two years since. I have since tied the femoral in the same patient on the other leg for popliteal aneurysm, about twelve months since. He made an excellent recovery, has been at work ever since, and is now in good health.

I wish to place this case on record, as I should imagine there are not many cases in which a man has survived the ligation of three principal arteries.

MEMORANDA : MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

SUICIDAL GUNSHOT INJURY.

A CASE of determined suicide which occurred here recently presents two remarkable features, which may prove interesting to some of your readers.

A. R., aged 38, a powerfully-built man, standing fully six feet, shot himself twice with small cartridge shot from a sporting gun. In the first instance he placed the barrel quite close to his left side nearly at right angles with his body. The charge penetrated the abdomen, 4½ inches below the left nipple and 2 inches to the inner side, smashing the seventh and eighth ribs. The charge mainly buried itself in fatty tissues of the neighbourhood. A probe passed through the wound, led down about six inches in the direction of the transverse colon and stomach. The skin all around the wound was charred. No immediate fatal effect following, the man proceeded to load the gun with another similar cartridge. This time he placed the muzzle of the gun in his mouth, and is believed to have pushed down the trigger with a long clay pipe. The roof of the mouth was blown away. The malar bone and zygomatic arch were completely shattered, and the left side of the face likewise blown away, making an enormous wound. The brain was completely disorganised, and all the cranial bones on that side smashed into some twelve or fourteen pieces, which were lying more or less quite loose in the cerebral cavity. Although the terrific force succeeded in producing such terrible destruction, it nevertheless failed to produce any external lesion of the scalp. The whole scalp covering the calvarium was intact, there being an utter absence of external injury beyond that already mentioned on the left side of face, although the cranial bones on that side and in front were so freely broken up and loose. Neither was there any *contre coup* wound on the right side or back from the first shot on the left side, which although very severe did not prevent the man from loading and firing again. I believe the case in some respects to be unique.

Through the courtesy of my friend and neighbour, Dr. Forrest, I was permitted to make the examination and send this report.

THOMAS P. HARVEY, M.D., L.R.C.P.Lond., etc.
St. Leonard's-on-Sea.

TRANSVERSE PRESENTATION IN CONTRACTED PELVIS : PODALIC VERSION : DELIVERY BY FORCEPS.

On December 14th, 1894, at 8 A.M., I was called to Mrs. M., aged 42, in labour with her twelfth child. The pains had come on about 2 A.M., and the membranes had just ruptured. Examination showed the os nearly fully dilated, a shoulder presentation in the right acromio-anterior position, and prolapse of the left arm and a loop of the cord into the vagina. Podalic version was effected without delay, the trunk and limbs delivered, and a loop of the cord liberated. The uterus contracted, but the head refused to pass the brim. It became fixed; the cord was pressed upon; inspiratory efforts were made by the child, and the funic pulse ceased. Vigorous traction was combined with suprapubic pressure, and kept up for nearly half an hour, but without avail. The head remained fixed in the brim. A basilsty was sent for, but, whilst awaiting its arrival, the idea occurred to me to swing forward the trunk of the child out of the way, and put on forceps on the head. This was done, albeit with great difficulty. The head was compressed, and delivery effected in a few minutes with comparative ease. The placenta followed in ten minutes; the uterus contracted firmly, and there was practically no haemorrhage. The uterus was syringed out with 1 in 5,000 corrosive sublimate. There was no rise of temperature, and the patient made an uninterrupted recovery.

Her history as regards previous labours was significant. She had been married over twenty years, and in that time had had twelve children. The first six labours were all easy, and apparently normal. The seventh and ninth were difficult, and called for turning, but the child was in each case born

alive. The eighth—nine years ago—was tedious, but the child came head first and living. The tenth and eleventh were difficult, and necessitated not only turning, but embry-
ulcia.

There was no visible deformity about the pelvis. It was not typically osteomalacic. The interspinous diameter measured 10 inches, and the intercristal 11 inches. Internally the only diameter which appeared to be markedly shortened was the antero-posterior of the brim, which, estimated roughly, was not more than 3½ inches.

Barnsley.

C. CRAWFORD AITKEN, M.B., C.M. Edin.

RUPTURE OF LIGAMENTUM PATELLÆ.

CAPTAIN J. B. D., aged 36, on July 10th, 1892, tripped on the stairs owing to a carpet being imperfectly laid, and, making a violent effort to recover himself with his left leg, fell with this limb doubled under him. He attempted to rise, but fell again, as the right knee was powerless.

Staff-Surgeon May and Surgeon Barnes, R.N., who saw him shortly afterwards, were satisfied that there was no fracture of the knee-pan, but that the tendon was completely torn from its tibial attachment and the bone drawn up. The limb was placed in side and back splints in the extended position, and next day the patella, which was now drawn up for 4 inches, was returned to its place, and retained *in situ* by a pad and strips of plaster. The thigh and leg to near the ankle were enveloped in plaster-of-paris bandages, and the extended limb flexed on the abdomen in a McIntyre's splint and Salter's swing.

I relieved Staff-Surgeon May in charge of the case on July 31st, and continued the same line of treatment, strengthening the plaster bandage as required. On August 17th the patient was allowed upon crutches for a short time daily with the sound foot raised on a patten, while the injured limb, still enveloped in the plaster bandage, was supported by a sling passed round the neck and under the foot.

On August 23rd the bandage was removed, and a gutta-percha splint encasing the knee joint substituted. This was taken off for a short time daily, while passive motion of the joint, the patella being fixed the while, was done. The knee-pan at this date was in normal position, and could be moved laterally. There was some thickening at the site of rupture, where the reparative process was still going on.

By September 6th passive motion of the joint and massage of the limb had restored flexure to about 25 degrees, and improved the wasted condition of the muscles. This treatment was followed until the end of November, when flexure was nearly normal. The use of the splint was gradually discontinued from this time, and finally abandoned about two months afterwards. Fifteen months after the date of the injury the patient was able to commence a six weeks' riding course at Canterbury Cavalry Depot; this was completed without difficulty.

In August, 1894, two years after the accident, the patella was drawn up three-fourths of an inch. Active or passive flexion of the joint was as easy and complete as on the uninjured side. He could kneel on either knee with equal facility. There was still some want of confidence in the limb, but this was gradually wearing off.

These results are, I believe, in a great measure due to the prompt restoration of the patella to its original position by Staff-Surgeon May, and to the lengthened time, nearly six weeks, during which the limb was rigidly fixed, together with the further period for which a special splint was worn. Temporary stiffness of the joint and wasting of the limb had to be reckoned with as consequences of this treatment, but both conditions were ultimately overcome by passive motion and massage.

J. N. STONE,
Fleet Surgeon.

MEDICAL STUDENTS IN PARIS.—At the close of the academic year 1893-94, the total number of students in the Medical Faculty of Paris was 5,144, being an increase of 621 as compared with the previous year. Of the whole number 2,977 were French and 685 foreigners. Among the former there were 21 women, among the latter 128. There were also 322 foreign students not proceeding to the doctor's degree in the ordinary course, and, therefore, not included in the numbers just given.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

HULL ROYAL INFIRMARY.

CASE OF SLOUGHING INTRAMURAL UTERINE FIBROID RUPTURING INTO PERITONEUM: HYSTERECTOMY: DEATH.

(Under the care of Dr. FRANK NICHOLSON and Mr. EVANS.)

Mrs. C. H., a widow, aged 31, and the mother of several children, the youngest being 4 years old, was admitted under the care of Dr. Frank Nicholson on the afternoon of January 8th, 1895. Some four years ago, after the birth of her last child, she had some pelvic inflammation, and a vesico-vaginal fistula, which had been subsequently successfully operated upon and cured. With this exception she had enjoyed fair health, her monthly periods being regular, not excessive, and usually lasting three days. About a month before admission she was laid up for a week with severe abdominal pain and vomiting, but this to a large extent subsided, and she was considerably better, though not well till four days before admission, when she was suddenly seized again with very severe abdominal pain and vomiting, which continued until her admission.

On admission the temperature was 101.2°, the pulse quick, and the abdomen greatly distended, tympanitic, and very tender everywhere. The tongue was slightly coated, and the bowels had acted the day before. There had been vomiting for three days, but none on the day of admission. The uterus was somewhat fixed from what appeared to be old pelvic inflammatory trouble, and there was thickening in both fornices.

Dr. Nicholson diagnosed acute peritonitis depending upon some pelvic mischief, the exact nature of which was not very certain, and asked his surgical colleague to perform laparotomy, and be guided in the subsequent steps by the conditions found at the operation. This Mr. Evans kindly consented to do, undertaking the operation that evening, about four or five hours after the patient's admission, assisted by Dr. Lowson. An incision, 6 inches long, passed through a thick layer of fat and exposed the linea alba. On opening the peritoneum the small intestines were seen distended to about 1½ inch in diameter, congested and dull, with commencing deposit of lymph, the interstices occupied by slightly adherent dark blood clots of a very offensive but distinctly putrefactive (not faecal) odour. Clearing the clots away with the fingers, the left hand passed into the pelvis, felt the uterus with a prominent and rather flaccid tumour attached to the left side of the fundus, and about 1½ inch in diameter; the left broad ligament being also thickened. It at first gave the impression of a cornual *œ*stætætum, but on bringing it into view and sponging away clots, it appeared black and sloughy, and was evidently an intramural fibroid and the source of the haemorrhage. A sound introduced into the uterus did not enter the tumour. It was decided to remove the uterus and tumour as they could not be separated, so the broad ligaments having been first ligatured in segments and divided to facilitate the lifting of the uterus out of the pelvis, hysterectomy with extraperitoneal treatment of the pedicle was performed with the aid of Koeberle's *serre-nœud* and transfixing pins, the appendages being also removed and the peritoneum copiously washed with boiled water and made as clean as possible, a glass drainage tube being left in the wound. The patient bore the operation fairly well, but shortly afterwards suffered severely from shock. She vomited occasionally some grumous fluid, and was treated with stimulating enemata and sipping of hot water, but never rallied, dying twenty hours after the operation.

Post-mortem Examination.—Abdomen greatly distended, intestines matted together and to the omentum, with abundant lymph. A small clot lay in the left iliac region, and some fluid blood in the pelvis; the whole amounting to about 3 ounces. Examination of the tumour and uterus showed it to be an intramural fibroid, the size of a pipe bowl, which had evidently sloughed, bled internally and then ruptured into the peritoneum, setting up acute peritonitis.

session of the Court he was of opinion that he was in a fit condition to plead. Since that time, however, the mental condition of the accused had very much deteriorated; he had been behaving like a man of unsound mind, and had been very violent.

Mr. Justice Wills: The principal question we are now concerned with is whether the accused has sufficient understanding to plead and conduct his defence—to explain what is going on and give assistance. What do you say to that?

The Witness: I do not think he is in a fit condition; he is quite unable to do that.

Mr. Justice Wills (to the jury): I suppose, gentlemen, you do not require to hear more evidence? I have read the depositions in this case, and nobody who has done that can have the slightest doubt as to his mental condition. If he is not intellectually competent to understand what is going on and give assistance and information to those who have to defend him, of course he ought not to be tried.

Mr. Avory: I have other witnesses in attendance.

Mr. Justice Wills: I do not think there is any doubt in the matter.

The Foreman of the Jury: We should like to hear another witness.

In reply to Mr. Gill, Dr. Walker said that the accused had been examined by Dr. Forbes Winslow while in the prison; he had behaved so violently that they had been compelled to put him in a "strait waistcoat" and confine him in a padded cell. He was very liable to excitement and paroxysms of violence.

Dr. Edgar Sheppard, examined by Mr. Gill, said that he had great experience in dealing with persons of unsound mind. He had been instructed by the Treasury authorities to examine the accused, and on January 8th he had an interview with him for about an hour. He examined the prisoner again within the last day or two, and he was of opinion that he was not in fit state to take his trial. He had all along been of the opinion that he was of unsound mind, but when he first saw him, although his history pointed to imbecility and eccentricity from his childhood, yet he (Dr. Sheppard) thought he would be able to plead. Since seeing him on January 28th, he had altered his opinion, as the mental condition of the accused had very much deteriorated, and he was now quite incompetent to plead.

In answer to Mr. Avory, the witness said the prisoner got very much worse between January 8th and 28th.

Mr. Justice Wills (to the jury): Do you desire further evidence? These witnesses are responsible gentlemen who speak under a strong sense of public duty.

The Foreman: We find that the prisoner is insane and not fit to plead.

Mr. Justice Wills: The order is that the prisoner be detained until Her Majesty's pleasure is known.

The prisoner was then removed in custody.

URGENT SUMMONS IN BAD WEATHER.

MEMBER writes: Dr. A. has long been medical adviser to a certain family. He receives an urgent summons to attend one of its members, but probably owing to bad weather refuses point blank. He is again summoned by telegraph but takes no notice, and Dr. B. is called in, who prescribes for the patient. The day after Dr. B. has seen the patient Dr. A. calls unexpectedly. Ought Dr. B. under the circumstances still call on his patient?

* * * Under the circumstances related Dr. B. would, in our opinion, have acted wisely in renewing his visit to the patient, and courteously expressed his willingness to retire from the case seeing that the usual family adviser was able to attend, and have then been guided in his subsequent relation to the patient according to the wishes of the family.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

ON January 29th, by decree of Convocation, the degree of Doctor of Medicine was conferred on J. S. Burdon Sanderson, M.A., F.R.S., Fellow of Magdalen College, lately appointed Regius Professor of Medicine. It was decreed also that during the vacancy in the Waynflete Professorship of Physiology Professor Sanderson should continue to discharge the duties of that Chair.

UNIVERSITY OF CAMBRIDGE.

ADDENBROOKE'S HOSPITAL.—Dr. Lloyd Jones, Research Student of the British Medical Association, and late Demonstrator of Pathology in the University, has been appointed by the medical staff to the post of Pathologist to Addenbrooke's Hospital.

APPOINTMENTS.—Dr. Clifford Alibritt has been elected a member of the General Board of Studies; Dr. L. E. Shore, Demonstrator of Physiology, has been appointed an additional member of the Special Board for Medicine; Dr. Ransome, F.R.S., Dr. Thorne Thorne, F.R.S., Dr. Stevenson, F.R.S., and Dr. Lane Notter, have been appointed Examiners in State Medicine for the current year.

WALSINGHAM MEDAL.—It is proposed that this medal, given annually by the High Steward for research in biology, including physiology, shall in future be open to graduates of the University up to the standing of Master of Arts.

MATRICULATIONS.—The matriculations of the present term bring up the total number of freshmen to 894.

UNIVERSITY OF EDINBURGH.

THE following gentlemen were on January 26th formally admitted to the degrees of M.B. and C.M.:

W. G. Alexander, G. H. Drury, M. McLarty, A. J. M. Paget, T. Roberts, and J. M. Taylor.

Dr. J. Beard began, on January 9th, a course of lectures and demonstrations on Comparative Embryology; Dr. Robert Muir, on January 14th, a course on Pathological Bacteriology; and on the 23rd Sir Douglas MacLagan began his usual Public Health lectures.

SOCIETY OF APOTHECARIES OF LONDON.
THE Society of Apothecaries of London has printed a list of the Licentiates in Medicine, Surgery, and Midwifery who received the diploma during 1894. The list contains 131 names. A list of "errata" is appended containing the names of eight Licentiates whose names were struck off the list during 1894.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE REGISTRAR-GENERAL'S ANNUAL REPORT.

THE fifty-sixth annual report of the Registrar-General of Births, Deaths, and Marriages, which has just been issued, deals with the vital statistics of England and Wales for the year 1893. Although the earlier publication of quarterly returns somewhat discounts the interest attaching to the principal statistical facts of the year, the report now published contains a large amount of detailed information relating to the causes of death and the age at death necessary to the true appreciation of the death-rate. With regard to the marriage-rate, it showed a further decline from that recorded in the three preceding years, and was slightly below the average of the previous ten years, 1883-92. The birth-rate did not exceed 30.8 per 1,000 of the population, and with two exceptions, was the lowest on record. The mining and manufacturing counties, as usual, yielded the highest birth-rates, their populations containing a larger proportion of young married people than the rest of the country.

The death-rate in 1893 was equal to 19.2 per 1,000 persons living; this rate was very slightly higher than that recorded in the preceding year, but corresponded with the mean annual rate in the ten years 1883-92. The lowest county death-rates were recorded in Westmorland, Berkshire, Buckinghamshire, and Dorsetshire, and the highest rates in the East Riding of Yorkshire, Staffordshire, London, and Lancashire. With regard to the age at death, it appears that, compared with the average annual death-rates in the preceding ten years, the rates at age groups below 35 years and above 75 years were generally below the average, while at ages between 35 and 75 years they showed an excess. With reference to infant mortality, or the proportion of deaths of children under 1 year of age to registered births, the rate was equal to 159 per 1,000, and was higher than in any year since 1870. This exceptionally high rate was mainly due to the very fatal prevalence of summer diarrhoea.

With regard to the assigned causes of death in England and Wales during the year under review, the death-rate from zymotic or specific febrile diseases showed a further increase upon that recorded in recent years, and exceeded the rate in any year since 1880. The mortality from influenza, which had attained its maximum in 1891—namely, 574 per million living—and had fallen to 534 in 1892, further declined to 325 in 1893. Compared with the average of the ten preceding years there was a decline in the mortality from measles, scarlet fever, and whooping-cough, while there was an increase in that from small-pox, diphtheria, enteric fever, and diarrhoea. The deaths from small-pox, which had been 49 and 431 in 1891 and 1892, further increased to 1,457 during 1893. Of the 1,457 persons who died from this disease, only 150, or 10.3 per cent., were described as having been vaccinated; 253, or 17.4 per cent., were returned as not vaccinated; and with respect to the remaining 1,054, or 72.3 per cent., no statement as to vaccination appeared in the medical certificates. It is to be greatly regretted that medical practitioners in so large a proportion of cases omit to give this very desirable information.

Although there was a marked decline in the mortality from influenza in most parts of the country during 1893, as compared with that recorded in the three preceding years, in some parts of England and Wales, and especially in London, the disease was still fatally prevalent. The deaths directly attributed to influenza during 1893 in England and Wales, which had been 4,523, 16,686, and 15,737 respectively in the three years 1890-91-92, numbered 9,669 during 1893. The Registrar-General estimates that the excess in the mortality

MEDICAL NEWS.

DR. DOUGLAS ARGYLL ROBERTSON has been elected a Corresponding Fellow of the New York Academy of Medicine.

THE Duke of Cambridge will preside at the biennial festival dinner of the National Hospital for the Paralysed and Epileptic, Albany Memorial, on April 2nd.

MEDICAL STUDENTS IN SWITZERLAND.—The total number of students of medicine in the five Swiss Universities in the current winter semester is 1,016. Zürich heads the list with 316; Lausanne stands lowest with 97.

THE French Society of Dermatology and Syphilography, which was founded on June 22nd, 1889, has just been recognised by the Government as "an establishment of public utility."

EDINBURGH STUDENTS' REPRESENTATIVE COUNCIL.—A meeting of this Council was held on January 26th. It was reported that the Inter-University Conference was to be held on February 15th. The Amusements Committee reported that the students' night at the Lyceum Theatre on January 18th had resulted in a profit of seventeen guineas, of which seven were recommended to be given to the field fund.

INCREASE OF THE MEDICAL PROFESSION IN GERMANY.—In November, 1894, the total number of medical practitioners in the German empire was, according to official statistics, 22,287, being an increase of 666 as compared with the foregoing year. During the last eight years, 1887-1894, the number of medical practitioners in Germany has increased by 32 per cent., whilst the general population has grown only by 10 per cent. during the same period.

PRESENTATION.—Dr. W. P. Bothamley, upon the occasion of his resignation of the post of medical officer of the eighth district of the Hackney Union, was entertained at dinner and presented with a handsome silver fruit and flower stand by the officers of the Hackney Union. The presentation was made by Mr. J. Owen-Perry, Clerk to the Guardians, who said that the gift was a token of the friendship and esteem felt by the officers for Dr. Bothamley, who had shown himself a capable and zealous officer and a kind and sympathetic medical adviser of the sick poor.

AMERICAN JOTTINGS.—A Bill is now before the Alabama State Legislature providing that all patent medicines shall have the formula printed on the bottle. A strong "lobby" is working against the Bill.—The Academy of Medicine in Washington, D.C., is the name of a new medical society recently formed in the administrative capital of the United States. The President is Dr. T. L. McDermott.—The Chicago College of Physicians and Surgeons is to be absorbed by the University of Illinois. The University trustees have recommended the purchase of the College for an amount not to exceed 160,000 dollars.—A Bill has been introduced into the New York Legislature providing that, when the terms of the coroners now in office expire, there shall be only one coroner for New York. He is to be a judicial officer exclusively, to sit without a jury, at a salary of 10,000 dollars (£2,000). The duties of investigation, etc., are entrusted to the coroner's physicians, of whom there will be six instead of four.—The investigations of the Lexow Committee have revealed that two hundred professional abortionists ply their nefarious trade in New York. It appears that they have been protected by the police, and, as an example of the tax which the guardians of the law have levied on these criminals, it is stated that one abortionist paid hush money to the tune of 2,825 dollars (£565) in instalments within a period of six weeks.—The New York College of Physicians and Surgeons has received two very large gifts, one of 350,000 dollars from Cornelius, William, Frederick, and George Vanderbilt, who each contributed 87,500 dollars, and one of 200,000 dollars from William D. Sloane. The Messrs. Vanderbilt specify that their gift is to be used in the enlargement of the main college building and also of the Vanderbilt Clinic, and the Sloane gift is for the purpose of erecting a new maternity hospital to be connected with the present one and form a part of it. Mrs. Sloane, who is a sister of the Vanderbilts, agrees

to furnish funds for the maintenance of the new hospital after it has been built and equipped by her husband. This last gift of Mr. and Mrs. Sloane will make their total donations to the College over 1,000,000 dollars, and the same is true of the Vanderbilt contributions.

JUBILEE CONGRATULATIONS TO DR. NEVINS.—At the ordinary meeting of the Liverpool Medical Institution, held on January 17th, the members congratulated Dr. John Birkbeck Nevins on the completion of his jubilee year of membership of the Society. The motion was made by the President, Mr. Chauncy Puzey, F.R.C.S., who said Dr. Nevins was a distinguished student at Guy's Hospital, and took the M.B.Lond. in 1841, afterwards becoming medical tutor at Guy's. Since he had been in Liverpool he had led a busy and useful life in connection with the Medical School, the Eye and Ear Infirmary, the School for the Blind, and other charitable and scientific societies. Dr. William Carter, in seconding the resolution, said that Dr. Nevins, although a man of strong convictions, and impelled to bear a part in many controversies, had never made a personal enemy. The resolution was carried by acclamation in an unusually large meeting. Dr. Nevins, who seemed to be in the best of health and of mental and physical vigour, expressed in most happy terms the pleasure the resolution afforded him. He related some interesting reminiscences of the Institution when he first joined it, referring especially to two of the members of that day who have left their mark, in different ways, in the annals of medicine—Dr. Duncan, the first medical officer of health in the kingdom, and Mr. Higginson, the originator of the well-known syringe. Dr. Nevins is now for the second time President of the Literary and Philosophical Society. His active sympathy with many schemes of charity and benevolence is widely known; he has been most successful as Secretary of the Medical Benevolent Fund, an office he has filled for many years, and he was appointed Consulting Physician to the Stanley Hospital at its inception, now nearly thirty years ago.

MEDICAL VACANCIES.

The following vacancies are announced:

ALNESS PAROCHIAL BOARD.—Medical Officer. Salary, £20 per annum. Applications to Alexander Campbell, Inspector of Poor, Alness, Ross-shire, by February 8th.

BIRMINGHAM CITY ASYLUM, Rubery Hill, near Bromsgrove.—Junior Assistant Medical Officer. Salary, £80 per annum, with board, etc. Applications to Medical Superintendent.

CANCER HOSPITAL (FREE), Fulham Road, S.W.—House-Surgeon. Appointment for six months. Salary, at the rate of £50 per annum, with board and residence. Applications to the Secretary by February 4th.

CENTRAL LONDON OPHTHALMIC HOSPITAL, 238A, Gray's Inn Road, W.C.—House Surgeon. Applications to the Secretary by February 12th.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road.—Resident Medical Officer; doubly qualified. Appointment for twelve months. Salary, £60 per annum, with board, lodging, and washing. Anæsthetist; medical women are eligible for this post. A small anæsthetarium is given. Applications, on forms to be obtained at the hospital, to be sent to the Secretary by February 11th.

DEVONSHIRE HOSPITAL, Buxton, Derbyshire.—House-Surgeon. Salary, £100 per annum, with furnished apartments, board, and washing. The present Assistant House-Surgeon is an applicant. Candidates must state whether in the event of his being elected they would be willing to accept the post of Assistant House-Surgeon, salary £50 per annum, with furnished apartments, board, and washing. Applications endorsed "House-Surgeon" by February 7th.

DERBYSHIRE ROYAL INFIRMARY, Derby.—Honorary Physician, Honorary Surgeon, Honorary Consulting Dental Surgeon. Applications to Walter G. Carn, Secretary, by February 18th.

DEWSBURY AND DISTRICT GENERAL INFIRMARY, Dewsbury.—House-Surgeon, doubly qualified. Salary, £80 per annum, with board and residence. Applications to the Chairman of the House Committee, by February 6th.

GENERAL HOSPITAL FOR SICK CHILDREN, Pendlebury, Manchester.—Junior Resident Medical Officer, doubly qualified. Salary, £80 per annum, with board and lodging. Appointment for one year. Applications to the Chairman of the Medical Board, by February 6th.

GLASGOW MATERNITY HOSPITAL.—Indoor and Outdoor House-Surgeons. Applications to Arthur Forbes, Secretary, 146, Buchanan Street, Glasgow, by February 6th.

HOSPITAL FOR WOMEN AND CHILDREN, Leeds.—House-Surgeon. Must reside close to the hospital, and not engage in private practice. Salary, £75 per annum. Applications to the Secretary of the Faculty.

KENT AND CANTERBURY HOSPITAL, Canterbury.—Surgeon. Applications to the Secretary by February 19th.

NEATH URBAN DISTRICT COUNCIL.—Medical Officer of Health for the Borough. Salary, £30 per annum. Applications to Edwin C. Curtis, Town Clerk, by February 5th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch, N.E.—Junior House-Physician; doubly qualified. Appointment for six months. No salary, but board and lodging (including washing) provided. Applications to the Secretary, 27, Clement's Lane, E.C., by February 13th.

PARISH OF DALRY, Galloway.—Medical Officer. Must reside in Dalry. Salary, £40 per annum. Applications to Alexander Kirk, Inspector of Poor, Dalry, Galloway, by February 2nd.

PARISH OF ST. PANCRAS.—Assistant Medical Superintendent of the St. Pancras (separate) Infirmary, Dartmouth Park Hill. Doubly qualified. Age not to exceed 35 years. Appointment for two years, but eligible for re-election. Salary, £120 for the first year, and £135 for the second year, with apartments, rations, and washing. Applications to Alfred A. Millward, Clerk to the Guardians, Guardians' Office, Vestry Hall, St. Pancras, N.W., by February 7th.

RADCLIFFE INFIRMARY, Oxford.—House-Surgeon; doubly qualified. Appointment for six months. Salary at the rate of £80 a year, with board, lodging, and washing. Applications on printed forms, to be obtained from the Secretary, to be sent to the Secretary, by February 15th.

RIPON DISPENSARY AND COTTAGE HOSPITAL, Ripon.—Resident House-Surgeon and Dispenser; unmarried. Salary, £70 per annum, with board and lodging. Applications to F. C. Wise, Honorary Secretary.

SALOP INFIRMARY, Shrewsbury.—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Board of Directors by February 11th.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—House-Surgeon, doubly qualified. Salary, £100 per annum, with board, lodging, and washing. Appointment for two years, subject to direction of the General Committee. Applications to the Secretary of the Infirmary, Lloyds Bank, Limited, Staffordshire, by February 6th.

SUFFOLK GENERAL HOSPITAL, Bury St. Edmunds.—Honorary Assistant Medical Officer. Applications to the Chairman of Committee by February 4th.

TAUNTON AND SOMERSET HOSPITAL.—Honorary Surgeon. Must reside within two miles of the Hospital. Applications to J. H. Biddulph Pinchard, Secretary, 13, Hammet Street, Taunton, by February 16th.

THROAT HOSPITAL, Golden Square.—Clinical Assistants. Applications to Greville Macdonald, Dean.

UNIVERSITY OF EDINBURGH.—Additional Examiners in Natural History and Clinical Surgery. Period of office four years. Salary, £75 per annum in each case, with £10 per annum for travelling and other expenses in the case of an additional examiner not resident in Edinburgh or the immediate neighbourhood. An additional allowance is made to the Examiner in Natural History for examining for Graduates in Arts. Applications to L. J. Grant, Interim Secretary, University Court, University of Edinburgh, by February 6th.

WEETSLADE URBAN DISTRICT COUNCIL.—Medical Officer of Health. Salary, £10 per annum. Applications to William Webb, Clerk to the said Council, 23, Newgate Street, Morpeth, by February 5th.

MEDICAL APPOINTMENTS.

GAULD, Archibald, M.B., C.M.Glasg., reappointed Medical Officer of Health for the No. 3 District of the Pontefract Union.

BASSETT, W., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Newport Branch of the South Wales Clerks' Association.

BUTLEE, A., L.R.C.S., L.R.C.P., appointed Medical Officer to the Walsham-le-Willows District of the Stow Union.

COATES, C. M., L.R.C.P., L.R.C.S.Eng., appointed Medical Officer of the Creech St. Michael District of the Taunton Union.

CURRIE, John, M.B.Lond., appointed House-Surgeon to the Beckett Hospital and Dispensary, Barnsley, *vice* Sidney Frederick Barber, L.R.C.P.Lond., M.R.C.S.Eng., resigned.

GUNN, F. W., M.D., B.S., L.S.Sc.Durh., M.R.C.S., L.R.C.P., L.S.A., A.K.C., appointed Medical Officer to the No. 4 District, Morpeth Union.

HOBSON, Lewis J., M.D.Lond., B.S., F.R.C.S.Eng., Harrogate, reappointed Honorary Consulting Physician to the Royal Bath Hospital and Rawson Convalescent Home, Harrogate.

HYNES, Alfred M., M.R.C.S.Eng., L.R.C.P.Eng., appointed Surgeon to Collingwood Dock, Bridewell, Liverpool, *vice* M. A. Wade, L.K.Q.C.P.I. and L.R.C.S.I., resigned.

LINDEN, Henry C., L.R.C.P.Eng., L.F.P.S.Glasg., appointed Medical Officer for the Harptree (No. 3) District of the Clutton Union, *vice* W. F. Lovell, M.R.C.S.Eng.

LOWE, Mr. L., appointed Second Assistant to the Medical Officer of the Workhouse and Infirmary of the Parish of Paddington.

REITH, W. R., M.B., appointed Assistant Medical Officer for the Workhouse of the Aston Union.

ROBERTS, C. G., M.A.Camb., M.B., B.C., reappointed Medical Officer of Health to the Halstead Urban Sanitary District.

WATTS, Mr. F., appointed Medical Officer for the No. 3 District of the Yeovil Union.

WEBER, F. Parkes, M.D., L.R.C.P.Lond., appointed Physician to the German Hospital, Dalston.

WILLIAMSON, Dr., appointed Medical Officer for the Northern Division of the Lancaster Union, *vice* Edwin Brownlow, L.R.C.P., L.R.C.S.Eng.

YEASLEY, P. Macleod, F.R.C.S.Eng., appointed Clinical Assistant to the Ear Department of the Westminster Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: Clinical Examination of the Eye. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. W. R. H. Stewart: Examination of the Ear.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, 8 P.M.—Mr. H. Mumferry: On Photo-micrography and its application to the Study of Dental Histology. Casual Communications: Mr. W. E. Harding and Mr. A. R. Colyer.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Frederick T. Roberts: The Combinations of Morbid Conditions of the Chest (II. Lettsomian Lecture).

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: Hypochondriasis.

THE CLINICAL MUSEUM, 211, Great Portland Street.—Open at 2 P.M., Lecture at 4.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. J. W. Washbourn: Researches on the Pneumococcus, with Special Reference to Immunity. Dr. A. E. Wright: Notes on the Bacteriology and Pathological Chemistry of Pneumonia.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, 4.30 P.M.—Lecture by Dr. Dundas Grant on the Diagnosis of Diseases causing a Discharge from the Ear.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Erythema, its Causes and Varieties. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Choroidal Affections, with Cases.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Specimens will be shown by Drs. Remfry, Macnaughton-Jones, and Mr. Butler-Smythe. Dr. Probyn-Williams and Mr. Lennard Cutler: Some Observations on the Temperature, Pulse, and Respiration during Labour and the Lying-in. Annual meeting. Election of officers and Council. The President (Dr. Herman) will deliver the Annual Address.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, 3 P.M.—Lecture by Dr. Beevor.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Mr. Paget: The Surgery of the Chest.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Tooth: Anatomy of the Spinal Cord. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. John H. Morgan: Congenital Defects in Lower Extremities. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. John Hopkins: Cases in the Wards.

HARVEIAN SOCIETY, 8.30 P.M.—Mr. Frederick Treves: A Series of Cases of Removal of the Appendix for Relapsing Typhilitis.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: Lecture: The Microscope and Methods of Cultivation. Practical Work: Examination of Cultivations.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical Cases only will be shown; each member will receive a card of agenda before the meeting.

ROYAL INSTITUTION, 8 P.M.—Dr. G. Sims Woodhead: On the Antitoxin Serum Treatment of Diphtheria.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Hyslop: Melancholia.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

ELAM.—On January 17th, at 96, Manor Road, Stoke Newington, N., the wife of George Elam, M.D., of a son.

REECE.—On January 28th, at 31, Holland Villas Road, Kensington, W., the wife of Richard J. Reece, M.D., of a son.

WILSON.—On January 22nd, at 481, Wandsworth Road, S.W., the wife of George E. Wilson, L.R.C.P., L.R.C.S.Eng., of a son.

MARRIAGES.

BROATCH-JONES.—On January 13th, at St. Peter's, Bayswater, by the Rev. H. G. Rosedale, M.A., George T. Broatch, M.B., Surgeon, R.N., to May Willis, elder daughter of the late George Jones, Esq., of Aughton, Lancashire.

MORRIS-DAVIES.—At the Congregational Church, Pershore, Worcester, by the Rev. J. H. Feek, pastor, assisted by the Rev. J. Ceridwyn Thomas, B.Sc., Weston-super-Mare, brother-in-law of bridegroom, Sylvanus Glynville Morris, M.B., of Upper Cwmtwrch, Swansea, and youngest son of the late Mr. John Morris, Nantgaredig, to Mary Emily (Amy), eldest daughter of the late Mr. John Davies, merchant, Penrheol, Carmarthen, and granddaughter of the late Rees Protheroe, Esq., Carmarthen, now of Gore House, Pershore.