

his own premises, had cataract. He wanted to go to a hospital, but I persuaded him to go and consult an eminent London oculist. He did so. He pleaded poverty when an operation was suggested. A ticket was handed him for Moorfields. I wrote a letter to the oculist, explaining the circumstances of the patient. I received a reply, politely expressed, which meant, "Mind your own business." This man has since died, and left between two and three thousand pounds to his relatives, and a good business to his successor. No wonder the London charities are £79,000 in debt.

What is absolutely needed is a careful investigation into the position of every person applying for charitable medical assistance. An extensive system of self-supporting dispensaries in different parts of London, each having a connecting link with some hospital, ruled over by a committee, and having paid medical officers, is a *sine quâ non* to meet the requirements of the class who are unable to pay the usual fees for medical attendance. Servants especially should be encouraged to attach themselves to such dispensaries. There should be a graduated scale of charges for those admitted into hospital, to suit the pecuniary circumstances of the patient. There should be pay and non-pay beds in every hospital; thus the hospital funds would be protected, and many glaring abuses nipped in the bud.

#### GANGRENE OF THE LOWER EXTREMITIES FOLLOWING A BLOW ON THE EPIGASTRIUM.

MR. FITZJAMES MOLONY (Porlock, Somerset) writes: In the very interesting case described by Fleet-Surgeon Curtis, of gangrene of the legs following a blow on the epigastrium, it seems possible that the gangrene may have arisen from embolism, due to injury of the abdominal aorta. Blows on the epigastrium have frequently caused instant death from shock to the sympathetic; and an injury to the sympathetic so severe and so permanent as to produce such a formidable train of symptoms as Dr. Curtis's patient suffered from would be sufficient, one would think, to cause death.

I would venture to suggest that the blow caused contusion of the abdominal aorta, setting up an inflammatory condition of the internal coat with fibrinous deposit; that portions of fibrin became detached, were carried down in the circulation, blocked up the tibial arteries, and so produced gangrene.

From this point of view there is a probability of abdominal aneurysm eventually, and I hope that Dr. Curtis will be able to trace the further medical history of the case.

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#### BOOKS, ETC., RECEIVED.

- The Student's Handbook of Forensic Medicine and Public Health. By H. Aubrey Husband, M.B., C.M., etc. Edinburgh: E. and S. Livingstone. Treatise on the Diseases of Women for the Use of Students and Practitioners. By A. J. C. Skene, M.D. London: H. K. Lewis. 1889.
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