NOTES

ON

SOME GERMAN UNIVERSITIES.

By WALTER K. SIBLEY, M.B.CAMB.

I.—THE UNIVERSITY OF STRASSBURG.

Strassburg; Laboratories; Library; Pathological Department; The Building; Necropsies; Demonstrations; Histological Course; the Professor of Pathology; Museum.

THIS picturesque old city has passed through many phases of change during the last few centuries. At one time under French, at other times under German rule, it has survived the conflict of many antagonistic principles. But in its present period of peaceful progress it opens the doors of its University to all who wish to study any of the branches of learning. The University buildings are the finest in Germany. The present University was founded by the late Emperor Wilhelm I, in 1872, the laboratories being constructed with all the most modern improvements. The Town Hospital is, however, a very old one, and one of the most picturesque buildings in Strassburg. The chief buildings are situated on the east side of the town, and consist of a magnificent central block, the Collegienhaus, with its halls, large public rooms, and sculpture gallery, together with a large, well-fitted reading-room, containing papers and periodicals of all nations, including all our own magazines of any standing, whether literary or scientific.

1. Entrance	26. Work room
2. " "	27. Entrance
3. Corridor	28. Main staircase
4. " "	29. " "
5. Reading room	30. Sitting room
6. " "	31. Work room
7. Work room	32. Urinal
8. Prosector	33. Corridor
9. " "	34. Workroom
10. Smaller dissecting room	35. Library
11. Entrance	36. Director
12. Corpse cupboard	37. " "
13. Director	38. Second assistant
14. Larger dissecting room	39. Work room
15. Anatomy attendant	40. First assistant
16. First assistant	41. Spirit preparations
17. Microscopical room	42. Instruments
18. Corridor	43. Breeding room
19. Laboratory	44. Lecture room
20. Work room	45. Laboratory
21. Repetition museum	46. Instruments
22. Prosector	47. Laboratory
23. Stairs	48. <i>Post-mortem</i> room
24. Clerk	49. Body room
25. Glass chamber	50. Clinical <i>post-mortem</i> theatre

Adjoining this block are the laboratories for chemistry, physics, and botany, each in a building of its own; behind the latter are the Botanical Gardens, and near this, again, is the observatory. In this district also is the Institute for Zoology, Mineralogy, and Geology.

In the centre of the town, opposite the cathedral, is the extensive Town and University Library, containing German and many foreign books, which can be taken out and kept for a month under comparatively easy conditions; attached to this library is also a reading-room.

The Medical Department is some twelve minutes' walk from the University Buildings above described, and lies on the south side of the town. It is in the immediate vicinity of the old Town Hospital (*Bürger Spital*), and is made up of various subdivisions. A short description of the chief points of interest in the working of some of these will be given in this paper.

The laboratories form a group of buildings situated immediately within the line of fortifications, and close to the various "polikliniks." They include institutes set apart for physiology, pharmacology, anatomy, pathology, and physiological and pathological chemistry. The centre of this group is formed by the large two-storeyed building devoted to anatomy and pathology. The chief feature of the pathological department, as Professor von Recklinghausen is always careful to point out, is that all the rooms are on one floor—lecture rooms, theatres, *post-mortem* room, research laboratories, students' laboratory, laboratory for bacteriology, the private rooms of the professor and of the assistants in the department, etc.—all opening to the right of one long corridor, the left side of which looks on a central inner quadrangle. The advantages of this arrangement in a pathological department are obvious, as constant cross ventilation is thus provided for.

51. Anatomical collection	68. Preparation room
52. Entrance	69. Stairs
53. Director	70. Work room
54. " "	71. Urinal
55. Corridor	72. Work room
56. Library	73. Glass chamber
57. Smaller lecture theatre	74. Work rooms
58. Preparation room	75. " "
59. " "	76. " "
60. Anatomical collection	77. Reserve collection
61. " "	78. " "
62. Second anatomy attendant	79. Preparation room
63. Second assistant	80. Stairs
64. Corridor	81. Pathological Collection
65. " "	82. " "
66. Preparation room	83. Museum
67. Greater lecture theatre	

Starting with the pathological department we ascend the steps at the entrance of the building, and turning along the corridor to the right, the first door leads into the clinical *post-mortem* theatre, where the necropsies are made of those cases which have proved of special clinical interest, and are therefore usually attended by the whole clinique (Professor Naunyn's). By the side of this is a second room for the reception of the bodies; this again communicates with a spacious *post-mortem* room with three tables, where the professor and his assistants perform necropsies, the work here

often lasting the whole morning. To these daily *post-mortem* examinations the students, as a rule, do not come. Adjoining this, in the north-western corner of the building, is the main laboratory, which is open from 8 A.M. to 8 P.M. Here the students work when they like. Close to it is the class-room where the demonstrations on morbid anatomy, and also the courses in morbid histology, are held. By the side of this class-room are the private rooms of the director and the two assistants, together with the library and bacteriological laboratory, and small laboratories for those engaged in special work. All these are heated by hot air. On the first floor is the pathological museum together with several small special rooms.

The various courses are presided over and almost completely worked by the indefatigable Professor von Recklinghausen. The *post-mortem* course is held once or twice a week, the students doing the necropsies under the eye and direct guidance of the professor, who asks questions and demonstrates the morbid appearances, while two or more students are engaged in doing the dissecting. This course lasts from two to three hours.

The demonstration course of morbid anatomy, both macroscopic and microscopic, is held twice a week, and also lasts about two hours. The material for this is all fresh, all parts of interest being saved from each *post-mortem* examination and kept in cold chambers till required. The amount of material for these courses is very great, some 650 to 750 *post-mortem* examinations being performed yearly. Here the pathologist does not have to consider the sentiments of friends before a *post-mortem* examination is made, for the body of every patient dying in any of the hospitals is examined. Not only the organs, but all fluids from the pleura, peritoneum, and the various hollow viscera, are systematically placed in glasses, and bones and even limbs are kept for use in the course. Thus, in especially interesting cases, we wondered what had been buried, as not only all the viscera, but often skulls and limbs, and in cases of babies, the entire body would be passed round the class. In addition to the material from the *post-mortem* examinations, all parts removed by operation in the surgical and maternity hospitals are sent for examination to the professor of pathology, so that all tumours removed from the living subject are also seen. From time to time, as material comes to hand, the diseases of lower animals are demonstrated. All the organs and glasses containing fluids are arranged on zinc trays of various sizes, the professor taking each tray in turn, discussing and demonstrating the appearances for a few minutes, and illustrating his remarks by drawings on the black board, etc. Then each dish, with a label giving the important points for observation attached to it, is passed from student to student, and this is followed by the demonstration of sections under the microscope if they are of importance. In this way each student has the opportunity of seeing and handling every preparation according to the methods given by the professor.

The histological course is entirely given by the professor, who goes round from student to student and demonstrates to each individually. The professor generally remains throughout this course, which nominally extends over two hours, but often lasts for three; in fact, continues as long as any students remain to require help. The sections in this are nearly all cut by hand with a razor, many of them from the fresh tissue before it has been hardened or stained. The tissue being firmly held with the fingers against a piece of cork, or sometimes embedded in a piece of tough liver hardened in alcohol (amyloid liver being especially serviceable), is cut with a hand razor. Sections of fresh lung are sometimes cut with sharp scissors, when, on account of the elasticity of the tissue, it could not possibly be cut with a razor. The lung being held in the hand, and the area required rendered tense by placing the finger under it, a series of rapid sections are cut with the scissors from the tense surface. These methods, although it is exceedingly hard to cut thin, even sections, have many advantages over those in which a tissue is examined after it has become more or less changed by the action of hardening reagents, and then frozen before it is cut. With regard to the sections, the point most frequently urged by the professor, in opposition to what we are generally taught in England, is that we should not cut the sections too thin, as we must accustom ourselves to observe and examine tissues in more than one plane under the microscope. Of course, this only applies to fairly low powers, and could not be practised with high ones. In this way our mental image of the structure of a tissue is much more accurate in detail than when we conceive of it in one plane only. Moreover, in this course a great number of fluids and tissues from different regions of the

body are examined microscopically for diagnostic purposes, not only those taken from the *post-mortem* room, but also large quantities from operation and other cases occurring in the hospitals. Thus the student becomes acquainted with the characters and appearances of cells and other organic bodies under every possible condition, normal and pathological.

The regular lectures on pathology are given three days a week, in the afternoon, and special lectures, such as those on infectious diseases, and courses on bacteriology, are from time to time given by the first assistant, Dr. Stilling. In addition to these, on most evenings, the professor spends some two hours in the laboratory demonstrating to any students who happen to be working there. Microscopical work by artificial light is rendered comparatively untrying to the eye by the use of a blue glass placed over the ocular of the microscope.

The qualities of Professor von Recklinghausen as an original worker are sufficiently borne witness to by the innumerable references to his name that occur in pathological and medical literature. As a teacher his keenness of observation, together with his power of imparting knowledge, inspires the student with an enthusiasm for the science to which he devotes his life. His minute attention to detail, and patience in demonstrating to students of pathology, even the beginners, involve an expenditure of time and labour which but few in such a position would be found willing to give. Of a professoriate including such men as Goltz, Hoppe-Seyler, Schmiedeberg, Naunyn, and Lücke he is acknowledged to be one of the ablest and most indefatigable members.

The pathological museum here, as in most of the German universities, practically does not exist for the student, as it is always kept locked up. It is open, however, to the public for a few hours on Sundays. This strikes us as strange, for at home the students spend many hours in the museum, examining and reading up the specimens which they hope to recognise when they see them again in the examination-room; perhaps by the shape of the bottle or the arrangement of the glass rods in it, or by some other equally absurd sign. In Strassburg this time is no doubt more profitably spent in seeing fresh material than in puzzling over the probable original appearances or connections of prize specimens, faded by time and attempts at preservation.

SEWERAGE OF CHICHESTER.

THE inhabitants of Chichester are at the present moment greatly interested in the drainage of their city, and appear to be at last alive to the necessity of providing sewerage and disposing of their sewage.

There is no doubt that the sanitary condition of Chichester is inferior to most other English county towns, and that this unsatisfactory state of things, though recognised, has for many years been tacitly allowed.

As far back as 1867 Mr. Arnold Taylor, of the Local Government Board, pointed out to the then Home Secretary that "the whole site of the town was honeycombed with cesspools, and that the gravel bed beneath was charged with cesspool matter." Mr. Hawksley, too, in the same year, stated that "the city would continue to be open to mistrust until some system of internal drainage was adopted." Again, in the year 1879, Dr. Airey, one of the medical officers of the Local Government Board, reported "in respect of drainage there is apparent community of unwholesome conditions. I have seen places where milk cans were being washed with water drawn from a well which could not be free from pollution, seeing that there was a privy pit only eight yards off in one direction and a cesspool only seven yards off in another." Dr. Airey added, "the nature of the soil, which is gravel overlying the London clay, gives facilities for cesspools."

The result of this neglect to comply with the ordinary rules of sanitation is that the mortality of Chichester has been for many years higher than it should be. Statistics prove that the average death-rate from all causes for seven years (1881 to 1887) was 17.22, while from phthisis alone it was 2.3, and from enteric fever 0.394. This, of course, is needlessly excessive, and is 2.5 above the average death-rate of adjacent sanitary districts of West Sussex, containing a population of 97,000 persons. The mortality from phthisis exceeds that of the whole of England by 0.53 per 1,000, and is far in excess of the surrounding neighbourhood, whilst the mortality from typhoid fever is nearly double that of England and more than four times and a half greater than the average sanitary districts above referred to. These facts speak for themselves.

From the papers now before us it would appear that the City

Council have at last taken the matter in hand, and placed it in charge of a committee of the Council, who have visited numerous places and issued a preliminary report. It is no duty of ours to criticise this report in detail, but the general principles involved by it are so important that we feel it obligatory to draw public attention to them.

As to the sewerage of the city, there does not appear to be much difference of opinion. It is with regard to the disposal question that we especially have to speak. The report of the Drainage Committee shows that they have come to the conclusion that the system recently adopted at Southampton is that which is most applicable to Chichester. We somewhat demur to this conclusion, for in no conditions are the attendant circumstances the same in both towns. Southampton has a population of over 60,000, as against 8,000 odd at Chichester. It is situated on a fine and wide arm of the sea—the Southampton Water—whilst Chichester is on the banks of an open ditch—the Lavant—with only a small quantity of fresh water running down it, and with a run of two miles below to Chichester Harbour, where there is a tidal flap which keeps the water penned up behind for many hours during the day and night. In the former instance, clarification only is aimed at and achieved. In the latter, absolute purification, which is a very different thing, and which the Local Government Board will demand, is a necessity.

It is possible that the best method of purification, owing to the special local circumstances, may be by means of chemical treatment, but we would remind the Council that in the opinion of all recognised sanitarians, and also of the Local Government Board, who have to sanction every scheme which is carried out with borrowed capital, that except where the effluent is discharged into tidal water, as is the case at Southampton, chemical precipitation must be followed by subsequent filtration either through natural soil by means of what is technically known as intermittent filtration, or, where land is not obtainable, through artificial filter beds; for example, such as are now known to the public as "polarite beds."

This fact has apparently escaped the notice of the Town Council. At Chichester, probably, subsequent filtration—if such a mild reagent as porous carbon is adopted—cannot be shirked; for it should be remembered that the effluent must inevitably be stored in the Lavant Ditch, and backed up for many hours close to the town, when tidal conditions will not allow of its discharge into the harbour. If this subsequent filtration is avoided, the remedy will probably prove as bad as the disease.

We in no way advocate any special system of filtration. We merely state these facts for the public good, in order that the vital difference between the cases of Southampton and Chichester may be realised, and that no scheme may be finally adopted which would produce an imperfect result.

In further support of these remarks, we would quote the opinion recently expressed by the last Royal Commission on Metropolitan Sewage Discharge upon chemical treatment when unaided by subsequent filtration. They say: "No one denies that by chemical precipitation the suspended matters may be almost entirely removed, or, in other words, that the sewage may be practically clarified; and it is also admitted that the suspended matters are the worst cause of pollution and nuisance. And it is also the general opinion that chemical processes in their best form have some effect in removing noxious matters in solution, but the amount removed cannot be very large—all agree that a certain amount of polluting matter must be left in the effluent."

With regard to the method of dealing with the sludge and dry refuse, there is something to be said. It must be borne in mind that the case of Southampton, which is brought forward as an example, is not on all fours with that of Chichester; the people of Southampton have only the sludge resulting from about a quarter of the sewage of the town to deal with, which they mix with the dry refuse of the whole of the town; and this unequal proportion naturally renders the incorporation of the semi-liquid sludge with the dry material an easy matter. It by no means follows that where the proportions are equal the result would be satisfactory.

It is evident that Chichester must be sewered, and we wish in no way to magnify the attendant difficulties; but the Town Council of such a beautiful rural city should, in our opinion, not hastily pledge themselves to any method of dealing with this difficult subject without the benefit of the advice of an experienced sanitarian not personally interested in any special invention or fad.

MEDICAL SICKNESS, ANNUITY, AND LIFE ASSURANCE SOCIETY.

At the last meeting of the Medical Sickness, Annuity, and Life Assurance Society, at which there were present: Mr. ERNEST HART, in the chair; Drs. J. B. James, R. Lord, F. Wallace, F. J. Edwards, J. W. Hunt, G. E. Herman, A. S. Gubb, J. Pickett (London), W. A. Elliston (Ipswich), G. W. Crowe (Worcester), W. Thomas (Birmingham), payments were ordered for fourteen sick members, suffering respectively from locomotor ataxy, chronic myelitis, hepatic dropsy, consolidation of the lung, albuminuria with cerebral complications, concussion of the brain from carriage accident, phthisis, gall-stones, erysipelas, injury to spine and back, result of horse accident, gastric disease, intestinal colic, operation for fissure, renal disease, and treatment at the Pasteur Institute for the bite of a rabid dog. The weekly payments in respect to these cases amounted to about 60 guineas. The death was announced of a member who was insured to the amount of £200, and prompt payment was ordered.

A further investment in municipal loans of £2,400 at 3½ per cent. was ordered. There had been eleven new admissions into the Society during the month; three applications were specially referred for consideration with the medical reports attached thereto; one was admitted, one declined, and one postponed for further inquiry.

It was announced that the new by-laws granting additional privileges, agreed to at the last annual meeting, were in process of registration, and would shortly come into operation. Arrangements had been made to forward to each member a complete copy of the rules, with the alterations incorporated, in November.

The quarterly report was presented, which showed a most satisfactory state of the finances, the total investments amounting to £34,431, accumulated in five years and a half, and an annual premium income amounting to £11,000. Numerous instances were brought under the notice of the Committee of the widespread benefits which the fund was conferring and of the great advantage which its operations furnish to medical men in active practice, both in respect to the resources supplied during periods of illness and to the effective operation of the fund in allowing members threatened with serious breakdown to take preventive measures, thus averting prolonged illnesses, which in more than one case appeared to be impending. The large proportion of disabling accidents incurred by medical men in the course of their practice was again noticeable in the reports of the quarter.

Copies of the last annual report and of the quinquennial valuation by Mr. Neison, together with his report thereon, and forms of proposal, may be had of Mr. C. J. Radley, 26, Wynne Road, Brixton, S.W.

THE TITLE OF L.S.A.

MR. R. REGINALD SLEMAN, L.S.A. Lond., B.A. Cantab. (7, St. Bene's Place, Gracechurch Street, E.C.), has forwarded a circular letter, in which he relates that at the meeting of the General Medical Council of Great Britain, held in London last April, Mr. Brudenell Carter, F.R.C.S. Eng., the representative of the Society of Apothecaries of London, brought forward a motion to the effect that the new Licentiate of the said Society who have passed the complete final examination since July 1st, 1887, in accordance with the Medical Act Amendment Act, should be given such distinguishing title or titles as would enable them to show that they have passed a qualifying examination in medicine, midwifery, and surgery. The motion was seconded, and received some support. After a short discussion, Mr. Carter decided to confer with the legal advisers of the Society which he represented, and at the next meeting of the General Medical Council, to be held in November, he intends to bring the matter forward. "I have had some correspondence," Mr. Sleeman adds, "with Mr. Carter on the above subject, and I find that he agrees with me, that it is for the men themselves, who are at present labouring under the disadvantage of being known as 'only L.S.A.' to take steps in the matter. Accordingly, I have sent the enclosed memorial (to the General Medical Council) for your perusal, and I hope you will be able to see your way clear to sign it and return same to me immediately. November will soon be here, and Mr. Carter will lay the memorial before the Council which meets in that month. In conclusion, I beg to state that the expense of sending out this communication has been considerable, and to meet the out-of-pocket expenses of my friend, Mr. Arthur de Butts, L.S.A., of Folkestone, and of

myself, who have undertaken the work at our own cost, I shall be glad to receive subscriptions towards that object, the same not to exceed 5s. If there is a balance in hand after payment of all expenses I propose to hand the same over to the Secretary of that excellent institution, the Medical Defence Union."

To the General Medical Council of Education and Registration.

Gentlemen,—We, the undersigned Licentiates of the Society of Apothecaries of London, who have passed a qualifying examination in medicine, midwifery, and surgery since July 1st, 1887, such examination having been conducted in accordance with the recent Medical Acts, humbly pray the General Medical Council to give us such title or titles as will convey to every one the increased scientific status which such further study must necessarily confer. At the present time, although trebly qualified, our only title is L.S.A.; this being the same as that which was granted to those who passed the final examination of the Society of Apothecaries of London when there was no examination in surgery and when the regulations of the Medical Amendments Act were not in force.

—Hoping that in all fairness our humble request may be granted, we are gentlemen, your humble servants.

(Name.) (Qualifications.) (Address.)

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

At the annual stated meeting of the College, held on St. Luke's Day, Friday, October 23rd, 1889, the following officers were elected for the ensuing year:—

President—Lombe Atthill, M.D. *Vice-President*—George F. Duffey, M.D. *Censors*—George F. Duffey, M.D.; Joseph M. Redmond, F.K.Q.C.P.; Andrew J. Horne, F.K.Q.C.P.; Wallace Beatty, M.D. *Additional Examiners*—Medicine: J. Hawtrey Benson, M.D. Medical Jurisprudence and Hygiene: E. MacDowel Cosgrave, M.D. Midwifery: W. J. Smyly, M.D. *Examiners for the Licence to Practise Midwifery*—Arthur V. Macan, M.B.; William J. Smyly, M.D. *College of Physicians' Examiners under the Conjoint Examination Scheme with the Royal College of Surgeons in Ireland*—Chemistry and Physics: I. Ashe, M.D.; H. T. Bewdley, M.D. *Materia Medica and Pharmacy*—E. MacDowel Cosgrave, M.D.; and F. J. B. Quinlan, M.D. *Physiology*: J. M. Purser, M.D. *Medicine*: Geo. F. Duffey, M.D.; A. W. Foot, M.D.; C. J. Nixon, M.D.; Wallace Beatty, M.D. *Hygiene and Forensic Medicine*—John Molony, F.K.Q.C.P.; Joseph M. Redmond, F.K.Q.C.P. *Midwifery*: Andrew J. Horne, F.K.Q.C.P. *Preliminary Examination in Arts*—Science: Isaac Ashe, M.D. *Languages*: H. T. Bewley, M.D. *Examiners for the Membership*—Clinical Medicine: George F. Duffey, M.D.; J. Hawtrey Benson, M.D. *Pathology*: Henry T. Bewley, M.D.; John M. Purser, M.D. *Practice of Medicine and Public Health*: Wallace Beatty, M.D.; E. MacDowel Cosgrave, M.D. *Examiners for the Diploma in State Medicine*—Engineering and Architecture: Albert E. Murray, C.E. *Law*: George R. Price, Q.C. *Chemistry*: Walter G. Smith, M.D. *Climatology, Meteorology, and the Geographical Distribution of Disease*: John William Moore, M.D. *Vital Statistics*: Stephen M. MacSwiney, M.D. *Hygiene*: C. J. Nixon, M.D. *Medical Jurisprudence and Pathological Anatomy in relation thereto*: George F. Duffey, M.D. *Representative of the College on the Committee of Management under the Conjoint Scheme*—Thomas W. Grimshaw, M.D.; J. W. Moore, M.D.; Walter G. Smith, M.D. *Representative on General Medical Council*—Lombe Atthill, M.D. *Treasurer*—Aquila Smith, M.D. *Registrar*—John William Moore, M.D. *Librarian*—Samuel W. Wilson, M.D. *Agent to Sir P. Dun's Estates*—Charles U. Townshend. *Law Agents*—Stephen Gordon and Son. *Election to Fellowship*—Henry Colpoys Tweedy, M.D.

The undermentioned Licentiate in Medicine of the College, having complied with the by-laws relating to Membership, pursuant to the provisions of the Supplemental Charter of Victoria, December 12th, 1878, has been duly admitted a Member of the College: Edward Young, *Lic. Med.*, 1844, Hounslow, Middlesex.

CHARING CROSS HOSPITAL.—The annual dinner of the past and present students of Charing Cross Hospital was held at the Holborn Restaurant on Friday, October 18th. Surgeon H. R. Whitehead, F.R.C.S., Army Medical Department, occupied the chair. The dinner was well attended, and included among the company were Sir Guyer Hunter, M.P., Sir John Puleston, Sir Joseph Fayrer, and most of the staff of the hospital. After the usual loyal toasts, the principal toast of the evening, "The Past and Present Students," was proposed by Sir J. Fayrer, and was cordially responded to by Sir John Puleston and Mr. Thompson. This was followed by a vote of thanks to the chairman, after which the company dispersed, having spent a most enjoyable evening.

THE OPENING OF THE MEDICAL SCHOOLS.

GLASGOW UNIVERSITY.

THE Introductory Address was delivered on October 22nd, by Professor McCall Anderson, Professor of Clinical Medicine to the University.

The lecturer, in welcoming his audience to the University, noted the changes which had taken place since he delivered the inaugural address thirteen years ago. Thanks to the generosity of the Marquis of Bute, the lecture was now held in a building suitable for public gatherings, and not, as in the former occasion, in the lower hall of the museum. The late Sir William Pearce had provided the University with a lasting memorial of the old college, and Dr. McIntyre had established the "Student's Union" buildings for the utilisation of which the Union Bazaar scheme had been started. The prosperity of the medical school had greatly increased as in other Scotch universities; not only on account of the increasing desire for a university degree, but also owing to the excellence of the teaching both of the professors and of the extra-academical lecturers. This excellence was due to the system which prevailed in Scotland. At a London hospital school the teacher did not confine himself to one subject; he began by being, perhaps, registrar, then he might lecture for a few years on medical jurisprudence, then possibly on the practice of medicine. Sooner or later he became a hospital physician. Ultimately, if successful, he devoted himself to practice, ceasing to teach altogether. In Scotland it was otherwise; the teacher devoted himself early in life to one branch of learning and, no matter how successful in practice, continued to teach throughout his career. In respect to graduation in arts, the lecturer felt inclined almost to reverse the order which obtained in connection with the Arts degree, as far as medicine was concerned, making French and German compulsory, and Latin and Greek optional or, at all events, subsidiary subjects. Professor Anderson spoke approvingly of the practical instruction afforded by the laboratories, and deprecated the sacrifice of true medical instruction to examination. Teachers were in a much better position to gauge the acquirements of their students by watching their progress during their student life, than by merely subjecting them to a final examination at the end of their course of instruction. For that reason, if for no other, the system which prevailed in the University of London of dissociating teaching from examination, seemed to the lecturer to be about the very worst that could be devised.

Professor Anderson devoted the greater part of his address to illustrations of recent progress in practical medicine. He noted how in 1883, Dr. Motchukowsky had a patient suffering from spinal curvature, who happened also to be labouring under locomotor ataxy. For the former ailment he was treated by suspension with the aid of Sayre's plaster-of-paris jacket, with remarkable amelioration of the symptoms of the latter disease. Charcot and de Watteville had taken the subject up, with most encouraging results. The most probable theory explaining the success of the new treatment was that of Dr. Althaus, who believed that suspension broke down the adhesions consequent on the accompanying chronic meningitis, and broke up the overgrown neuroglia, which compressed and injured the nerve tubes. Professor Anderson then dwelt upon resection of the pylorus, and Dr. Loret's dilatation of non-malignant contraction of the pylorus with the index finger introduced through an incision in the stomach. In conclusion, the lecturer spoke of the important discovery of the existence of cortical centres for the movements of various portions of the face and limbs. He selected the first case on record in which advantage was taken of the information thus obtained. It occurred in the practice of a distinguished Glasgow surgeon, Dr. W. Macewen. Certain motor phenomena, appearing in a boy six days after injury to the head, indicated a lesion on the right side of the brain, so correctly localised that after operation the paralytic and convulsive symptoms which had occurred were completely cured and never returned. Dr. Anderson felt no doubt that the progress of the future would be as rapid as, if it did not excel, that of the past, and sincerely trusted that it might be the lot of many of the audience who were now entering upon the study of medicine to contribute something towards the alleviation of human suffering and the prevention and cure of disease.