WEST OF SCOTLAND SANITARY ASSOCIATION.

THIS Association has reached the end of the eighth year of its existence, and is gradually succeeding in commending itself to the public. Its membership has reached 433, 226 having been added during the year, while the public confidence in the engineering staff is shown by the Association being asked to inspect and report upon a number of well known public buildings and offices, not only in regard to drainage, but in regard to ventilation, water supply, etc. There is still a large annual number of resignations, many members evidently being under the impression that if they have been members for one year and have had their houses examined and put into good order they have obtained all the benefits the Association can give. They do not yet seem to realise the necessity for continual watchfulness to guard against sanitary defects.

GLASGOW PHILOSOPHICAL SOCIETY.

THE annual general meeting of this Society was held on November 20th, the retiring President, Dr. J. B. Russell, in the chair. The report of the Council stated that the membership numbered 649, of whom 16 were honorary members, 10 were corresponding members, and 623 were ordinary members. The library now contains 10,667 volumes. Dr. Russell then resigned his office, his three years' term having expired, and nominated as his successor Professor J. G. McKendrick, F.R.S. The nomination was unanimously agreed to, and Dr. McKendrick, in taking the chair, spoke of the usefulness of the Society in a city such as Glasgow to all who were interested in the general progress of science, and who were desirous of acquiring knowledge from all sources. He was sure there was still a large number of gentlemen who might well become members, and he asked the present members and the Council to endeavour to increase the membership during the next few years. Mr. James T. Bottomley and Dr. W. G. Blackie were appointed vice-presidents; Professor Dittmar was appointed president of the chemical section; Professor John Cleland, F.R.S. of the biological section; Sir William Thomson of the mathematical and physical section; Professor Jebb, Cambridge, of the philosophical section; Dr. Thomas Muir of the geographical section; Mr. Charles Gairdner of the economic science section; and Mr. Honeyman of the sanitary and social economy section.

IRELAND.

THE Dublin Corporation have adopted the Infectious Diseases (Notification) Act.

TYPHOID FEVER IN DUBLIN.

THE virulence of the outbreak of typhoid fever is abating. The type of the disease is mild, and the mortality has not been large.

ZYMOTIC DISEASES IN CORK.

DURING the three months ending October, if contrasted with the corresponding quarter of the five foregoing years, the number of cases of typhus fever average lower, of typhoid fever considerably lower, while scarlatina has increased and, it is believed, seems likely to spread. Fortunately, during the past three years, the time that this disease began to show itself was just as the long vacation was commencing in the schools, and the fact of the schools being closed prevented the disease from making any headway. This year, however, the disease is appearing somewhat later, and several cases have occurred that could be traced as originating from schools, showing clearly the urgent necessity that parents and school authorities should not allow children to attend school from infected houses.

NOTES

ON

SOME GERMAN UNIVERSITIES.

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

I.—THE UNIVERSITY OF STRASSBURG.

(Continued.)

Medical Students: Method of Study, Hospital and Ward Work, Lectures.—The Professors and the Students.—Assistants.—Bacteriology.—Vacation Courses.

A LARGE proportion of the medical students in Strassburg, now numbering over 400, are senior men. A student in Germany generally divides up his curriculum among two or more universities, and in this way he is enabled to work at each subject under the professor of his choice, provided he has money enough to be able to travel from one university to another. Thus a student may enter first at Heidelberg, and spend a few terms of merry student life in this most picturesque of European university towns; then when he settles down to work, he will come on to Strassburg, where the town itself presents but few attractions, but where he meets with men of a more serious turn of mind. It is not that there are no senior men in Heidelberg, but the large proportion are very young. In my opinion a German student realises the responsibilities of life at a relatively earlier period in his studies than an English student; but whatever may be said in favour of this opinion, he sadly lacks that "go" which characterises our own men, and after doing the many hours' work expected of him he is quite contented to spend the rest of the day sitting smoking, and drinking beer. Genuine sports are almost unknown, but of course those belonging to students' corps indulge in fencing and duelling, and after receiving the orthodox scar across the left cheek, have a photograph taken in a position to show it to the greatest advantage; but this distinction does not come to all. The students work more in the daytime and less at night than ours do; thus lectures commence comparatively early; in the winter the clinic begins at 8 A.M., and in the summer in many universities it commences at 6 A.M. daily; our own students find 9 A.M. early enough. This early work is entirely a matter of habit; so unless a student is working up for an examination (of which he has only two, unless he takes the M.D., when he has a third), he but rarely reads in the evenings. These he spends drinking beer, in the *cafés* in winter, and in summer in the numerous beer gardens, where he discusses with his friends many subjects of diverse interest, far more often talking over medical topics than is usual among our students in their hours of relaxation.

The professors make all their hospital visits in the morning, the afternoons being devoted to lectures and laboratory work, of which latter many students do many hours daily, quite apart from the set routine of the courses they are attending.

A German student, unless he is "amanuensis" (clerk or dresser, which post is not compulsory, and generally lasts one month, but may last longer), practically goes rarely into the wards of the hospital; he sees isolated cases in the clinic once, or occasionally twice, and that is all; he does not, as a rule, observe the condition of patients from day to day, or appreciate the changes in treatment from time to time, according to the condition and progress of the disease. In this way it is quite possible for a student to present himself in some universities for his final examination without ever having been inside the wards. The theory of medicine he learns perfectly in the daily clinic, but in the practice he has but little experience. Of course he attends classes on auscultation and percussion, and sometimes attends and sees patients in the out-patient department, where he accustoms himself to physical examination; but the daily observation of patients by the bedside is looked upon as a luxury to be indulged in by the few who become amanuenses or qualified assistants. On the professor's daily visit round the wards he is usually only accompanied by his assistants and any visitors who happen to be about. It is not that the professor never takes the students themselves into the wards, for occasionally the clinic is held in the ward instead of in the theatre, and then several special cases are shown; but then the whole crowd of students come, so that it is very hard to see or hear anything. The like, though in a more marked degree, applies to the surgical wards, which are here

looked upon by the students as almost holy ground, to be trodden only by the feet of the professor, his assistants, and any other qualified men who may be about. We noticed that the student was not taught to cultivate his sense of touch to the same extent as in our hospitals; the application of the hands to the chest to elicit and appreciate differences of vocal vibration, etc., is not done as a matter of regular routine in the examination of patients. I believe this all follows from the excessive use of the hammer and pleximeter instead of the fingers in percussion, and the consequent tendency to substitute artificial means for natural ones.

To many of the lectures and courses the students come half an hour before time to get a front place, bringing with them books and papers, which they read till the professor comes in. When he appears there is no vulgar applauding, nor is there talking and joking during the lecture, nor did we notice students sleeping or reading books on other subjects to "kill the time," as may not rarely be observed in our metropolitan medical schools. Here the students attend the courses simply to learn and gain knowledge, and not to get "signed up," in order to be qualified to attempt some examination. Moreover, the professor lectures on his subject because he is interested and well informed in it, and not because, being a good anatomist, he has received a lectureship in botany.

The professors spend much time apart from their regular courses in working and giving individual attention to the students in the laboratory; so we might say that the chief demonstrator in the laboratory, as now in some of our own universities, is the professor himself. He often does little or no work for himself during term time, reserving all the special work he has in hand for the vacation. It follows from this that the professor is not assumed to be infallible, as he sometimes is at home; for he often learns much from discussions with the students, and is not ashamed to acknowledge it. This was certainly the case with the great master of pathology, Cohnheim, who, when convinced of the fallacy of some published theory at the hands of a simple student, would renounce it completely and publicly. Thus, though the professor in theory lives in a different sphere of thought from his pupils he, nevertheless, in the body dwells and lives with them.

Having distinguished himself as a student and obtained his qualification, the medical man may apply for the post of assistant (that is, house-surgeon or house-physician) to one of the professors. These appointments are given by the professors to whom the application is made, and are more or less indefinite in their duration. Thus an assistant may only hold the post for a few months, but generally he continues for some years, even as many as six or ten; in fact, he remains until he has obtained a better appointment or goes into practice. While assistant every facility is given to him for doing original work, as all the hospitals, and, in Berlin, most of the polyclinics or dispensaries, are provided with a well fitted-up laboratory, most of them having complete bacteriological apparatus. Thus, during the time of his work in the hospital, the assistant may be carrying out some original research either in chemistry or in bacteriology. I believe that in all our great London schools for the education of students, and for the advancement of that part of science of which we, as Englishmen, are so proud, there are but three which even profess to have attached to them any bacteriological apparatus, or which offer any means whatever for the future British medical man to attempt to understand something of what he hears of the results of experimental research in other countries. Of these three only one has any organised system of instruction connected with it, and this was practically started and worked by a private person apart from the hospital staff.

In the larger German medical schools between sessions they have vacation courses for doctors in practice (our post-graduate courses which are now being established are of the same nature). These courses occur several times a week, and last for a month to six weeks; they are chiefly attended in the special branches, such as diseases of the skin, eye, ear, and so on. To these courses medical men of all nations come, together with several German doctors; in fact, most Germans attend several of the special courses at intervals during their professional career in order to keep up their work. Often quite senior men still attend; thus, in one course we lately attended in Berlin, a medical man of over 80 years was frequently present.

At a meeting of the Lurgan Dispensary Committee, the salary of Dr. Rowlett, medical officer of Lurgan No. 2 Dispensary District, was increased by £10 yearly.

THE CARRIAGE OF INFECTION.

AN eminent hospital physician writes to us as follows on the subject of the alleged carriage of infection by medical men to their patients: I should say that no medical man having to visit a case of scarlet fever two or three times a day, or even once daily, ought also to attend confinements. Where a general practitioner has a partner or partners, a distribution of duties can easily be made; but in my opinion a single-handed practitioner should be held firmly to the same rule, and, after explaining fully the circumstances of the case to his patients, should relinquish one or other form of attendance. I suppose that scarlet fever is most dangerous of all diseases of the kind in this aspect, but the rule would apply also to most of the exanthemata, to erysipelas, and to other forms of septicæmia.

But we have not only to consider the carrying of infection for which personal contact is necessary; it is quite possible that a medical man attending an infectious case may carry the germs with him to other persons. While a medical man is attending a single patient in a room of 2,000 or 3,000 cubic feet capacity, the danger does not seem to me very great. His stay in the room is not generally long, and his contact with the patient may be almost limited to the feeling of the pulse. Even under these circumstances, it is right that he should carefully wash his hands in some antiseptic liquid, and, should he have used his thermometer or stethoscope, should treat them in the same way. He should leave his hat outside the room with his gloves, and if he happen to be wearing a great coat he should not take it off. After leaving the house he should not go into a close carriage unless he keep all the windows open, and he should court in every way exposure to the air for ten minutes or a quarter of an hour before going to another house. It is to be added that, if he be a wise man, he will already have ordered free use in the sick room of volatile disinfectants. When the patient has to be visited in a small room, often ill ventilated, in a crowded house, with unskilled nursing, matters take a very different aspect. Here I am decidedly of opinion that some such arrangement as suggested by Mrs. Priestley would be very valuable. But the arrangement is, after all, not easily carried out, and I should hope that before long such cases would be transferred, in towns at least, to proper hospitals. In the country, I should think that Mrs. Priestley's advice would be readily applicable. This leads on to the treatment and study of disease in the fever hospitals. I believe that very considerable care is exercised by the officials of such hospitals, partly by change of dress and partly by use of disinfectants for the prevention of the spread of infection. Lastly, I should like to observe that in hospitals there is great need of making regulations to avert the dangers of septicæmic infection. Dressers, for example, ought not to make or assist in *post-mortem* examinations while they are on duty; still less should obstetric clerks or other persons liable to attend confinements; and, as Dr. Cullingworth has well pointed out, a complete use of antiseptic measures in obstetrics would, as in surgery generally, reduce dangers to a very low value.

A PHYSICIAN of great special experience in such matters writes: Although it cannot be denied that it is possible for a medical man under some circumstances to convey infection from one patient to another, the risk of this taking place is, if ordinary precautions be taken, almost *nil*. This is clearly shown by the experience at the London Fever Hospital, where the resident medical officer in the discharge of his duties is constantly passing from the scarlatina department to the other departments for measles, typhoid, diphtheria, etc., and yet it has never been found that he transfers these different contagia, although he would be much more likely to do so than an ordinary practitioner, inasmuch as the poison is necessarily more concentrated in a fever ward than in a room where only one patient is treated, supposing there is ordinary care about the ventilation. The medical attendant is not, as a rule, brought into sufficiently close and prolonged connection with his patient for his clothes to receive any very large amount of the contagion, and a short exposure to the open air is generally sufficient to disinfect him. Nurses, no doubt, whose clothes from

prolonged and close contact with the patient become saturated, as it were, with the poison, may readily convey infection. The only precautions taken by the physicians to the fever hospital—and a long experience has shown them to be quite sufficient—are to wear a special outer garment and cap in the wards, but even this is not done by the resident medical officer.

For all ordinary purposes washing the hands in a disinfecting solution and a short exposure to the fresh air will, I am sure, sufficiently disinfect the practitioner, though it is advisable that he should change his coat, and he ought, as far as possible, to visit his infectious cases last.

In the case of small-pox, however, where the poison is present in a liquid form and may possibly get smeared on the clothes, a change of clothes is necessary.

A GENERAL practitioner of known ability and experience writes:—1. As to conveyance of infection, I have never during my many years of practice been able to trace any case of scarlet fever due to infection carried by myself. It is my strong impression that it is not often conveyed in this way, except perhaps to puerperal women, but of this I have no personal experience.

2. As to precautions, I should do my very utmost to get out of attending a case of scarlet fever or erysipelas, while likely to be called to confinement cases. I have repeatedly refused to attend scarlet fever for this reason. While in attendance I keep a long mackintosh at the house, and change my coat for it before going into the sick room. I have not yet availed myself of a mackintosh cap, but think it would be an excellent addition. I touch the case as little as possible, and if I have to auscultate, I wash the end of the stethoscope afterwards. I used to have my patients rubbed with thymolised vaseline, but have given it up of late years. Before leaving the room I wash my hands in a strongish solution (1 in 30) of carbolic acid, or corrosive sublimate (1 in 1,000). As far as possible I see scarlet fever patients at the end of my round, and open the brougham windows.

ALDER SMITH, M.B., F.R.C.S. (Medical Officer, Christ's Hospital) writes: I have thought for many years that sufficient care is not taken by some medical men while attending scarlet fever cases. I spoke strongly on this subject at the International Health Exhibition in July, 1884, in my paper on "The Preventive Treatment of Infectious Diseases in Public Schools," as you will see by the following extract:—

"Again, as of course the doctor's clothing can carry infection as well as that of other people, too much caution cannot be exercised by him. I am strongly of opinion that he ought to keep a large mackintosh just outside the entrance to the fever ward, near some volatile disinfectant, and place it over his clothes before he enters. Then, on leaving he should thoroughly wash in disinfectants; while, if there be occasion to remain long in the ward, the face, head, and boots may be efficiently disinfected by using a steam carbolic acid spray."

The Medical Officers of Schools' Association in issuing their *Code of Rules for the Prevention of Infectious Diseases in Schools*¹ practically adopted my paper, and on page 18, section xvii (2), you will find the mackintosh mentioned.

My plan in private practice during the last twenty years has been to take a large mackintosh to the infected house, after the visit diagnosing the case (scarlet fever is but rarely communicated to others on the first day of the rash: *vide* my paper, pp. 9 and 10), to keep it near and outside the sheet—soaked in a disinfectant, and cutting off the patient from the rest of the house—to put it on before entering the infected room and to wash the hands thoroughly in a disinfectant after taking the coat off outside the disinfecting sheet. I do not see that greater precautions can be taken than this in private practice, but I do not think medical men ought to go direct to another patient. Fever cases should be seen last, if possible, and a walk in the open air afterwards is decidedly better than a ride in a close carriage. I have always felt it my duty, in attending fever outside Christ's Hospital, to take all precautions possible, and I have never—to my knowledge—conveyed fever from one patient to another.

Again, I should not attend a confinement if I had seen a fever case the same day. I have always refused to go, and have asked another medical man to attend for me.

I do not see how medical men with a large practice and many

cases of fever can take the precaution of having a mackintosh at each infected house, as I advise; but no doubt it would be the safest plan. I meet with men who ridicule these precautions, and say they have attended fever cases and midwifery together for twenty-five years, and yet have not had puerperal fever; but you can see what I advised at the "Healtheries" by the above extract, and I have not altered my opinion or the precautions I take. If everything is to be done in the future to prevent the spread of scarlet fever, doctors attending such cases will have to be very careful, and to wear a mackintosh in the room, as I advised in 1884.

THE MUZZLING ORDER.

ON November 25th a meeting was held at the Westminster Palace Hotel, summoned by the Dog Owners' Protection Association for the purpose of discussing a resolution in favour of the abandonment of muzzling. The Society for the Prevention of Hydrophobia considered it therefore necessary to issue a circular setting forth the objects of the meeting, and calling on all those who had the extinction of rabies at heart to attend and support an amendment antagonistic to the purpose of the meeting. This appeal was very warmly responded to, and the room was completely filled by a large crowd, among whom were a considerable number of medical students.

The Bishop of ELY, who presided, read from the circular issued by the Society for the Prevention of Hydrophobia, and complained that the assertion therein made, namely, that the meeting was organised by anti-vivisectionists and anti-muzzlers, was both untrue in itself and prejudicial to the fair discussion of the resolutions proposed, which might thus not possibly be rejected upon a false issue. His lordship then proceeded to give statistics as to the value of muzzling in Berlin, showing that, after the introduction of the muzzle, rabies had rapidly and markedly decreased during many years, but rose again by 1868, though to nothing like the height of the pre-muzzling figures.

Mr. CANDY then moved a resolution against the continuation of muzzling. He said that the arguments brought forward by Professor Horsley at the Mansion House deduced from the statistics of 1885-6 (when the muzzle was applied and the disease was stamped out), were quite beside the question, as no muzzling order had ever been issued in London before the present year. He also stated that the muzzle was a cruelty to dogs, as it prevented their picking up scraps in the streets.

Mr. HOUGHTON seconded the resolution.

Professor HORSLEY then moved an amendment: "That inasmuch as the orders for the muzzling of dogs have been most successful both at home and abroad, this meeting hopes the regulations will be continued in force until the disease is entirely eradicated from this country." In answer to the complaint of the Chairman that the meeting had been unfairly described as organised by "anti-vivisectionists and anti-muzzlers," he contended that as both the mover of the resolution and many of the organising committee were prominent anti-vivisectionists, the description was no misrepresentation. He showed that in 1885-6 there was, speaking in strictly legal phraseology, no muzzling order, but that, in fact, the magistrates, having decided to comply with the then regulations that dogs must be either muzzled or led, the dog-owners, in 99 per cent. of the cases, applied the muzzle, with the happy result that the disease was for the time eradicated. He further showed that in the Berlin statistics quoted by the Bishop, the rise of hydrophobia (after the first fall) during the muzzling period was due to the fact that the authorities, by their own admission, had then become rather lax in the administration of the muzzling order, and by reading out the rest of the statistics for the years after 1868, he proved that from the time of its stringent reinforcement up to the year 1886, rabies had disappeared in Berlin. He then proved that the House of Lords' Committee, Sir Charles Warren, and M. Pasteur had all expressed their entire faith in the efficacy of the muzzle as the surest means of preventing and stamping out the disease in England, while the Berlin veterinary authorities, in reporting to their Government on the subject, had strongly advised its continued application, in view of the complete immunity from hydrophobia which it had secured in Berlin.

Dr. SIDNEY TURNER, a leading dog-owner, then seconded the resolution, expressing his belief that the public spirit of genuine English sportsmen and dog-owners would be found strong enough to cause them to defer their own convenience to the general good.

¹ Published by Churchill and Co.

Surgeon-General GORDON gave some explanations of his evidence before the committee, and asserted, amid interruptions, that in his opinion hydrophobia and tetanus were indistinguishable. Disturbance also attended Mr. Horsley's speech and the mention of M. Pasteur's name.

Mr. Horsley's amendment was put and carried by an overwhelming majority.

ASSOCIATION INTELLIGENCE.

NOTICE OF QUARTERLY MEETINGS FOR 1890.

ELECTION OF MEMBERS.

MEETINGS of the Council will be held on January 15th, April 16th, July 16th, and October 15th, 1890. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, December 25th, March 27th, June 25th, and September 4th, 1890.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member the by Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary*.

NOTICES OF BRANCH MEETINGS intended for insertion in the JOURNAL of the current week should be forwarded, addressed to the Editor, so as to reach the office not later than mid-day Wednesday of that week.

BRANCH MEETINGS TO BE HELD.

WEST SOMERSET BRANCH.—A clinical meeting will be held at the Taunton and Somerset Hospital on Thursday, December 12th, at 3 P.M. for cases and papers, and a special meeting will be held at the Coffee Hotel, Fore Street, Taunton, on the same day at 5 P.M., to consider Dr. Rentoul's proposals.—W. M. KELLY, M.D., Honorary Secretary.

LANCASHIRE AND CHESHIRE BRANCH.—A special general meeting, to consider Dr. Rentoul's and Dr. Brindley James's proposition and to discuss the whole subject, will be held at the Medical Institution, Hope Street, Liverpool, on Wednesday, December 11th, at 4 P.M.—CHARLES E. GLASCOTT, M.D., General Secretary, 23, St. John Street, Manchester.

METROPOLITAN COUNTIES BRANCH: EAST LONDON AND SOUTH ESSEX DISTRICT.—The next meeting will be held, by the kind invitation of the Medical Superintendent, at the Mile End Infirmary, Bancroft Road, on Thursday, December 19th, at 8.30 P.M. The evening will be devoted to a demonstration by Dr. Robinson, of several interesting cases at present in the infirmary.—J. W. HUNT, Honorary Secretary, 101, Queen's Road, Dalston.

BORDER COUNTIES BRANCH.—The next meeting of this Branch will be held at the County Hotel, Carlisle, on Friday, December 20th, at 6 P.M. Supper at 9 P.M. Members desirous of reading papers kindly communicate with JAMES ALTHAM, Honorary Secretary, Penrith.

METROPOLITAN COUNTIES BRANCH; HERTFORDSHIRE DISTRICT.

Proposed Public Medical Service.—At a meeting of this Branch on November 21st a discussion took place, which is given at page 1252.

New Members.—The following gentlemen were elected members of the District: Eustace H. Lipscomb, M.B., B.C.Cantab.; Arthur John Hubbard, M.D.Durham.

Infectious Diseases Notification Act.—The discussion on Infectious Diseases (Notification) Act, 1889, was postponed, as Dr. Brett, who was to have opened the discussion, was obliged to leave the meeting in order to keep an important engagement.

Vote of Thanks.—The meeting terminated with a cordial vote of thanks to the CHAIRMAN.

SOUTH WESTERN BRANCH.

A MEETING of this Branch was held at the Plymouth Eye Infirmary on November 20th.

Proposed Medical Service.—A discussion took place on this subject, which is reported on page 1251.

Cases.—MR. WADE (Chudleigh) read notes of a case of Unusual Irregularity of Dentition (illustrated by photograph), in which, with the permanent teeth, two supplementary incisors of large size appeared behind the central incisors.—MR. J. ELLIOT SQUARE (Plymouth) showed a number of interesting laryngeal and ophthalmic cases, including case of Paralysis of Vocal Cord, case of Papilloma of Vocal Cord, case of Irideremia, 2 cases of Cholesterin in the Vitreous, 2 cases of Pseudo-Glioma, with beautifully mounted specimens.

SOUTH EASTERN BRANCH; WEST KENT DISTRICT.

A MEETING of the above District was held at the West Kent General Hospital, Maidstone, on November 21st, Dr. WHITE in the chair.

Next Meeting.—It was unanimously decided that the next meeting be held at Gravesend in the spring of 1890, and that Dr. Fifth be requested to preside on the occasion.

Letter of Condolence.—It was resolved that a letter of condolence be sent to the widow of Mr. T. S. Hutchinson, of Newington, Kent.

Communications.—The following papers were read and discussed:—DR. ADAM: A few remarks upon some of the more important changes which will be effected by the Lunacy Acts Amendment Act, 1889.—MR. F. TREVES: The Treatment of Prolapse of the Rectum.

Dinner.—Seventeen members subsequently dined at the Star Hotel.

JAMAICA BRANCH.

A GENERAL meeting was held on July 31st, the PRESIDENT in the chair. Present: Messrs. F. H. Saunders (President), Phillippo, Gayleard, Plaxton, Strachan, Da Costa, Clarke, and Bronstorph.

Preliminary Business.—The minutes of the last meeting (May 29th) were read, confirmed, and signed by the President.—The SECRETARY read a letter from Mrs. Madden in reply to the letter of the Branch of condolence in her bereavement.—The SECRETARY announced that Mr. Fowke, the Secretary of the Association, had written informing the Branch that in future no postage on the JOURNAL would be required of the members of Colonial Branches.—MR. GAYLEARD proposed and Dr. PHILLIPPO seconded a vote of condolence with the family of their late colleague, Dr. Thomas Clarke. The meeting agreed unanimously. The late Dr. Clarke was the first President of the Branch, a learned, courteous, and dignified man, worthily filling the chair.

Acquired Talipes Calcaneus cured by Operation.—Dr. W. H. W. STRACHAN showed the patient, who had received an injury to the front ankle-joint two years and a half ago, resulting in a large ulcer. On admission there was a dense cicatrix in front of the ankle-joint and instep, adherent in many places to the subjacent bone; the extensor tendons were atrophied, matted together, and contracted. Result: Extreme form of (acquired) talipes calcaneus; the angle formed by the foot axis with the leg axis was about 40 degrees; the patient walked with great difficulty on the heel. The operation consisted in dividing all the tendons, dissecting the cicatrix off the bone and other tissues where adherent to them, and then dividing the cicatrix just opposite the ankle-joint by a V-shaped incision, the apex of the V lying on the instep. The anterior ligament of the ankle-joint was laid bare and some of its fibres divided, but the joint was not opened. The foot was then brought into its normal position. The immediate result was the formation of a large roughly diamond-shaped raw surface, which was left to granulate up. This it did most satisfactorily. Skin-grafting was successfully performed on several occasions and aided in the cutification of the surface. The general health was, of course, cared for. Attention was called to the two lessons taught by the operation and its results, namely, (1) that one can fearlessly leave very large surfaces to granulate up under antiseptic precautions; and (2) that powdered boric acid is an antiseptic dressing of the utmost value, which has the further recommendation of being non-poisonous.

On the Fevers of the West Indies and their Treatment during the Present Century.—The Hon. J. C. PHILLIPPO read a paper on this subject. Especial reference was made to the works of Bancroft, Arnold, and Chisholm. Dr. Bancroft, Gulstonian Lecturer in 1806 and 1807, fought against the idea of contagion and infection in these fevers. He showed how they prevailed in the most virulent form in Spain, New York, Philadelphia, Providence, N.J., and traced their source to malaria arising from the swamps, lagoons, and dirty localities. Dr. Arnold, in his work on fevers,