material such as sterilised bouillon, or with putrid material. The Pasteurian disease was specific, and very distinctly characterised by its course and symptoms, which were different from those of any other disease; it invariably ended fatally, and was transmissible by inoculation from animal to animal. Dr. Hime did not give the statistics with regard to the success of Pasteur's treatment, but stated that the protection afforded to dogs by Pasteur was proved beyond doubt or question, and analogy would suggest that the same method was applicable to man. Dogs could be protected either by inoculation before infection or afterwards. Further, the protection afforded was against a virus far more active than ordinary canine virus. The reality of this protection established the truth of Pasteur's principle. That his practice was capable of improvement was not impossible; but he had already effected a great deal in a short time. It had been objected that the inoculated prophylactic virus was inert because the patients showed no specific symptoms, but the objection had no weight; it might as well be said that arsenic was inert because a patient taking that drug showed no toxic symptoms. Dr. Hime was inclined to think that there was a decided though slight reaction. He himself had experienced local symptoms and distinct axillary tenderness while under treatment, and in others these were more marked. He had made numerous thermometric observations on persons under treatment, but, so far, could not assert that there was any characteristic thermal change. Some, while admitting that protection had been successful in cases of slight wounds, thought Pasteur's system ineffectual against severe wounds. These persons admitted that the principle of the method was scientific and sound, but found, they thought, a weak point in detail. Finally, from the fact of the undoubtedly low mortality among Pasteur's patients, corroborative evidence was obtained. The rabid condition of the animals in a very large number of these cases was proved either by experimental inoculation or by certificates from veterinary surgeons, the statistics included no doubtful cases, these being purposely omitted. Dr. Hime expressed the opinion that Pasteur had established a true prophylactic treatment against rabies. The establishment of a Pasteur Institute in this country, he thought, was called for; such institutions were already established in Paris, Moscow, St. Petersburg, Odessa, Samara, Varsovia, Naples, and Milan. Turin and New York would soon be provided with such institutions. The English public were still vainly waiting for the report of the Royal Commission of inquiry into this subject. While this report was being prepared other countries were acting, and we were satisfied to send our patients to Paris for treatment, instead of making provision for them in England.

A NEW POSITION FOR OPHTHALMIC OPERATIONS.

By G. M. GILES, M.B., F.R.C.S., Surgeon, Indian Medical Service.

THE supine position is, as most must have felt, by no means a convenient one for eye-operations. It is, however, the only practicable one when chloroform is used as an anæsthetic. The discovery, however, of a local anæsthetic, in the shape of cocaine, leaves us free to adopt any position that may be found most convenient for patient and operator.

For the last fifteen months I have been employed with an exploring party in the regions lying beyond our North-West Indian frontier. Transport difficulties have rendered it necessary for us to fly very light. Hence, as may be well imagined, an operating couch formed no part of my equipment. A good deal of surgery of all sorts came to my hands, much of it ophthalmic, and I was often at a loss how to improvise a couch of some sort. Not unfrequently even the low country bedstead was unobtainable, so that one had to operate on the ground. Now, to operate even on a low bed is most difficult in ophthalmic cases, the surgeon's position being so constrained that all steadiness of hand is lost. Hence, after adopting cocaine, which I came to do very early in our travels, I began to try various positions with the view of finding one suitable to the peculiar exigencies of camp life, and finally hit upon the following position, which has been found so entirely convenient that I feel sure it is well worth a trial, not only by such as have to operate under difficulties, but even as a position of election.

The operator sits on an ordinary chair, with the knees well separated so that the patient may be able to sit on the ground between his feet. The position of the latter varies according to the nature of the operation and the side operated on. In ordinary cases, such as iridectomy, removal of pterygia, etc., he is seated with his back nearly to the operator, but with the face turned slightly to the

left for the left eye, or to the right for the right. Seated thus, between the operator's feet, he throws back the head so that the occiput rests firmly on the surgeon's thigh; the left thigh in operations on the right eye, and *vice versa*. This position answers equally well for cataract-extractions on the right side. For left cataract, however, unless the operator actually prefers to use the left hand, the following modification is necessary. Seated, as before, on the ground, between the operator's feet, he faces quite to the surgeon's left, then throwing back his head, and turning it slightly so that the chin points to the surgeon's hip-joint, he rests the occiput firmly on the operator's right knee. With the patient in this posture, it will be found perfectly easy to operate with the right hand.

The method is, no doubt, specially suited for dealing with Orientals, who are accustomed to sit on the ground; but for the limited time required for an operation, I do not think it will be found too constrained for Europeans. Primitive as it may seem, I feel sure that anyone who will give it a fair trial will find the position much more convenient than either an ordinary operating-couch or a dental chair.

The illustration shows the relative position of operator and patient in a cataract-operation on the left eye.

LOOSE CARTILAGES IN THE KNEE-JOINT.

By WILLIAM J. SHAW, M.B., F.F.P.S.G.,
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W. W., aged 27, was admitted into Glasgow Royal Infirmary, September 6th, 1886, suffering from loose bodies in the knee-joint. His occupation was that of a moulder, which he had followed for eleven years, during which time he has had to work almost continually on his knees. Twelve months ago, his attention was drawn to his knee-joint, in which he felt a very severe pain, or, as he described it, "a kind of grip." This pain increasing in severity, he requested admission to the hospital for the purpose of getting something done, as neither by night nor day had he relief from the excessive agony he was suffering. Examination in hospital showed that the right knee-joint was very much swollen as compared with that of the left side; this swelling being due to the presence of a number of loose bodies of considerable size, one of them being nearly as large as the patella itself, and all being very freely movable from one part of the joint to