late years than I used, and that is, always when we change a dressing, invariably first to cover the wound with something pure; not to wash the surrounding parts with antiseptic solution, and then, after this has been done, put a dressing on the wound; but before we begin to defile the lotion at all, put on the wound what is pure, and, last thing of all, wash the surrounding parts, which, though they look the same to our eyes, are different *toto caelo*. The edges of the dressing are septic; the wound, if it is as it ought to be, is aseptic. I have known such a thing, for instance, as for a gentleman, in dressing a stump after amputation of the thigh, to wash the perineum with a rag dipped in the carbolic lotion one in forty; and then, having so washed the perineum, immediately to squeeze the rag over the wound. Gentlemen, that makes you laugh; but I assure you these are the kind of things that are constantly going on, and disasters happen in consequence; and gentlemen with whom things go wrong invariably say that with them everything has been perfectly done—a thing which, for my part, I am always loth to say. I am not likely to have many more years of active surgical work; and I have felt that when you, sir, gave me this opportunity, it was my duty to speak what I believe to be the truth; for I feel it to be a grievous thing that patients should be hurried out of their lives or deprived of usefulness of limbs, simply for want of sufficient earnestness with regard to the endeavour to obtain complete exclusion of septic agencies from wounds, according to our present lights and our present knowledge. Gentlemen, I thank you most heartily for your cheers; for there was a time when such remarks might have met with a different reception.

A NEW METHOD OF PERFORMING RESECTION OF THE KNEE-JOINT.

By W. MACFIE CAMPBELL, M.D.,
Surgeon to the Liverpool Northern Hospital.

WITH regard to Mr. R. Davy's clinical lecture on this subject, in the JOURNAL of October 20th, it seems to me that the claims to priority in special modes of operation are often made without due consideration.

On November 20th, 1882, I excised the knee-joint of a woman, aged 35, for acute ulceration of the cartilages. The femur was sawn obliquely before and behind, removing the cartilage completely, leaving a wedge-shaped extremity. A corresponding form was cut in the head of the tibia to the depth of about an inch. The advantage obtained was complete antero-posterior immobility. She was discharged cured on February 5th, 1883, sixty-seven days after operation.

This case was shown at a spring meeting of the Liverpool Medical Institution, and the method was familiar to the surgeons present, as appeared from the subsequent debate. To whom is due the original idea, I know not; certainly not to myself, as I had read it shortly before the operation, but where I cannot remember, though I think in some American journal.

I may add that this excision is only possible in cartilaginous disease, or in such a case as Mr. Davy has described, as sufficient healthy bone must be obtainable, and I, for one, would object to remove as much of the femur as he figures.

A CENTRAL site has been purchased in Cambridge by Mr. Reynolds Rowe, upon which he intends to build and endow a large and free open church dedicated to St. John of Jerusalem. The scheme includes an infirmary for the use of members of the University; a training-school and home for nurses ready for engagement in private houses, and an ambulance centre for instruction.

PRESENTATION.—Mr. Edward Walter Witten, M.R.C.S. Eng., upon resigning as Superintendent of the Medical Mission Dispensary, Brighton, has been presented with a gold pencil-case, and a text-book with the names of his co-workers and patients written in, and inscribed, "Presented to Mr. E. W. Witten, as a small token of gratitude and esteem from his co-workers and the people for whom he has laboured. October 18th, 1883."

DONATION.—Since the re-opening of Eaton Hall, the Duke of Westminster has charged all visitors 1s. for the privilege of inspecting the house and gardens. His Grace has recently sent the whole of the proceeds from 11,200 visitors, amounting to the handsome sum of £560, as a donation to the funds of the Chester Infirmary.

AN ADDRESS ON COLLECTIVE INVESTIGATION OF DISEASE.

Delivered at a Meeting of the Lancashire and Cheshire Branch.

By WILLIAM ROBERTS, M.D., F.R.C.P., F.R.S.,
Professor of Clinical Medicine in Owens College, Manchester; Physician to the Manchester Royal Infirmary and Lunatic Hospital.

GENTLEMEN,—Your presence here in such considerable numbers is a sign of the interest which you take in the movement. It is also a sign, I am bound to say, of admiration for our distinguished visitor, Mr. Jonathan Hutchinson.

We are in some sort under a special obligation in this district to take exceptional interest in this movement, because the initial idea sprang up in our midst. To our friend and neighbour Dr. Arthur Ransome is due the first inception of the plan of collective investigation. In 1864 he read a paper at the Cambridge meeting of the British Medical Association "On the Need of Combined Medical Observation," and he there suggested that the machinery of the Association should be utilised for that purpose. Two years ago, the matter was taken up afresh and independently by Dr. Mahomed. Both gentlemen are to be congratulated on the present flourishing prospects of the movement. It is not necessary for me to go over again the arguments in favour of this mode of investigation—this work has been exhaustively done by Professor Humphry, Sir William Gull, Sir James Paget, and others, whose addresses have been published in the BRITISH MEDICAL JOURNAL. Indeed the time is rather gone by for argument; the plan is actually on trial and in operation, and the first fruits are already garnered.

I have before me the first volume of a series of reports intended to be issued by the General Committee, and I may be permitted to compliment the editors, Professor Humphry and Dr. Mahomed, on this new birth of a wholly new kind of medical literature. I can only regret that this little volume is not in the hands of every member of the Association. The object in view is only half accomplished unless these reports as they come out pass into the hands of every member, or at least every contributor, by some automatic process without the trouble of separate ordering and paying. I hope the Committee will be able to see their way to do this. I may say that I was one of those whose confidence in this mode of investigation was not strong, but after a careful examination of the first number of the *Collective Investigation Record* my opinion has been greatly modified. No one can read it attentively without acquiring a feeling almost amounting to a conviction that the movement is one of real importance, and that it will result in a large addition to our knowledge that could not have been got in any other way. I should like to refer for a moment to the admirable report on the communicability of phthisis drawn up by Dr. Burney Yeo. I think no candid person can read this report, and the detailed evidence on which it is based, without coming to this practically important conclusion, that no healthy person should be permitted to occupy the same bed with a sufferer from pulmonary consumption, and that no person with a hereditary predisposition to tuberculous disease should be allowed to have continued and intimate personal contact with a phthisical patient. And I cannot help adding that a grave responsibility would in my opinion be incurred by a medical man knowing this evidence, no matter what his theoretical opinions may be, who would permit such cohabitation and close personal contact.

One of the most promising fields of labour for combined observation is the self-study of disease by medical men. In regard to serious organic fatally tending disorders, this would, indeed, be a task too tragic for contemplation, but in regard to a number of minor ailments this method is admirably adapted. Take, for example, the dyspepsia of healthy persons, or primary dyspepsia. Judging by the number of books written on the subject one would imagine that we knew a great deal about dyspepsia.

I am satisfied that, of exact knowledge, we have very little. The dyspepsia of healthy persons is a very common and peculiarly human disorder; it causes an immense amount of misery, but it kills no one, and the pathologist ignores it. The several types of it have never been scientifically defined, and its case-history remains un-