

that Drs. Wickwire and Barefoot were unavoidably prevented from attending.

The addresses in Exeter Hall, delivered by Sir Wm. Broadbent in Medicine, Jonathan Hutchinson in Surgery and E. A. Schaefer in Physiology were all able discourses. Professor Schaefer's was given in a clear argumentative style, and one point very pleasing to the audience seated in that large Hall, was—every word could be heard distinctly without the slightest effort.

One of the most interesting discussions took place in the Section of Medicine, on "Diphtheria and its Treatment by Antitoxin." Most of the evidence was strongly in favor of its use. The only one who did not think its results were much above old lines of treatment was Lennox Browne, though he trusted his own conclusions would be ultimately shown to be erroneous. So far, it appears that more success is obtained from the use of Antitoxin on the Continent than in Great Britain itself. The probable cause of this was given by Dr. Lewis Woodhead, who stated that up to the present the remedy had not been used in England in sufficiently large doses. Dr. Herman Biggs of the Board of Health, New York, told in a plain, forcible manner the results he had obtained—the mortality in five hundred cases being only about 16 per cent.

He also dealt with the importance of Antitoxin in rendering people exposed to diphtheria immune, which immunising power he considered would protect the person subject to the injection, about a month. He had statistics at his finger points, not having even a note to refer to. After the conclusion of his valuable remarks, he met with very hearty applause. It is but fair to state that after listening to such a convincing address from one of so large an experience as Dr. Biggs, that the weight of evidence in favor of Antitoxin could hardly be refuted.

The Demonstration in the Section of Surgery given by Dr. Murphy of Chicago, illustrating the method of his celebrated button, attracted the attention of a good number.

He urged strongly the necessity of using an over-stitch at the mesenteric edge of the bowel to prevent its being left bare of peritoneum, and to preserve the artery which runs parallel to the edge of the gut—a vessel very important for its nutrition. This Demonstration being carefully carried out on the cadaver by Dr. Murphy and his assistant, surgeons who had made mistakes in this operation, could now plainly understand in what point or points they had erred. A good deal of discussion ensued, and it is needless to state that opinions were extremely diversified.

Several cases of enterectomy were related where after the use of the button, the patients had died. One cited by Harrison Cripps in which a few days after the operation, patient suddenly collapsed and death ensued. On post-mortem, it was found the button after separation had become caught in a pouch of the bowel some inches lower down, causing perforation and subsequent death. Mr. Victor Horsley's paper on "Laminectomy of the Cervical Spine for Caries and Injury," attracted a good deal of interest, especially as three of the patients were present and walking about. Each case before treatment had been paralyzed in all four limbs. I had the opportunity of having seen Mr. Horsley operate on two in the University College Hospital.

From the large and valuable work Mr. Horsley has accomplished both in Pathology and Surgery of the Brain and Spinal Cord, one would expect to view a man well past middle life, but this is far from correct. I was struck when first I saw him at his youthfulness; in truth he looks but thirty-seven or eight.