Arbor ; and Dr. Hunter Maguire, of Richmond. The following circular was issued to members : " What should be considered as a satisfactory result (other than perfect union) in the treatment of a simple fracture in the shaft of the femur?" Thirty-four replies were received; these were carefully tabulated, and the committee endeavored to select a common ground to which the Association could subscribe, and to which members could adhere in court.

The following are the conclusions . A satisfactory result has been obtained in the treatment of fracture of the shaft of the femur when (1) firm bony union exists ; (2) the long axis of the lower fragment is either directly continuous with that of the upper fragment of the axes on nearly parallel lines, thus preventing angular deformity ; (3) the anterior surface of the lower fragment maintains nearly its normal relation to the plane of the upper fragment, thus preventing undue deviation of the foot from its normal position ; (4) the length of the limb is either exactly equal to that of its fellow, or the degree of shortening falls within the limits found to exist in 90 per cent. of healthy limbs, viz., from one eight of an inch to one inch ; (5) lameness, if present, is not due to more than one inch of shortening ; (6) the conditions attending the treatment prevent other results than those attained.

This report was accepted by the Association. One year is fixed upon as a reasonable period after the cessation of treatment for a final decision in regard to restoration of function.

A limp or lameness, does not necessarily indicate an unsatisfactory result. It has been observed that many persons have a normal variation in the lengths of their limbs, in some of the cases as much as an inch, who show no signs of lameness. It is also found after fracture that by tilting the pelvis, some patients will compensate for considerable shortening, and show no limp in their gait, while others with much less shortening, will show decided lameness. Of course, reference is had only to simple fractures of the shaft of the bone ; it would be obviously impossible to lay down any rule for the infinite variety of complications which may occur under other conditions.

The conclusions above given, however, cannot fail to be of the greatest benefit in future, as they are Medical Supreme Court decisions ; it would seem that legally they must be accepted.—*Univ. Med. Mag.*

ANTAGONISM BETWEEN AGUE AND PHTHISIS.

I should like briefly to call attention to the possibility of there being an antagonism between malaria and phthisis. I was surprised in my journey to Central Africa to notice the distribution of phthisis, for although bronchitis, pleurisy, and pneumonia were constantly seen in nearly all the districts through which I passed, the cases of phthisis which I was able to observe were few and far between, and corresponded in a marked manner with the absence of malaria, at any rate, in its most intense forms. From Khartoum, along the valley of the White Nile, as far as the Albert Lake, through the swampy districts of Unyoro and Uganda, I can recall having seen only very few cases of phthisis (in Uganda some eighteen or twenty). Subsequently, however, on my return journey, I saw a considerable number of cases in the Shuli district, at an altitude of from 3,000 to 4,000 feet, where malaria is very rare, and where, I may mention in passing, I think that Europeans could colonize. Again, in traveling through the Bahr-el-Ghazal district, I saw a considerable number of phthisical individuals, not inhabitants of that province, but men and women, soldiers or slaves, who had come from the elevated distrits in the Mombuttu country. Further north, at Dara, I again met with phthisis in people who inhabited the highlands of the Gebel-Marah region, where, I was informed, malarial fevers were entirely absent.

During the last few years (it may, of course, be the result of accident) I have had the opportunity of seeing several patients distinctly phthisical, in the early stages of the disease, who have since been abroad, and suffered more or less from malaria. On seeing them after their return, I found, and must say to my surprise, that in seven out of nine, all the phthisical symptoms had disappeared, and in the other two, although I could find no improvement in their condition, the disease had apparently made no progress.

M. Boudin, in 1857, put forward the theory that malaria and phthisis were antagonistic. He held :

(*a*) That where malarial endemic fevers are prevalent, phthisis is rare, " that the frequency of one class of cases is inversely proportionate to that of the other."

(*b*) That where malaria decreases phthisis increases ; and

(*c*) That phthisis is more curable in malarious regions than in others.

These propositions were at the time vigorously discussed, but the subject has fallen out of mind. Long before M. Boudin called attention to it, in 1841, Harrison, of Horncastle, remarked on the infrequency of consumption in the Fens, and, in 1811, Wells contended that consumption and malaria were opposed to each other, and referred to many authorities to corroborate his statements. The references to the literature on the subject will be found in the " British and Foreign Medical Chirurgical Review," vol. 23, 1859. The late Dr. T. B. Peacock, writing on the subject in 1858, did