

profession by accepting fees of \$1 and even 50 cents for examinations. Some of them, however, did even worse than that, as there was for instance one society he could name in which the candidate did not have to pay if not accepted. He wanted to know, too, how such things could be stopped when the presidents of colleges and medical councils acted in this very manner and threw out some very broad hints which created quite a sensation. He was in favor of a minimum fee of say \$5 being established, even if the insurance applied for be only \$1,000.

Second Day, Aug. 18th.

Dr. JAMES BELL, of Montreal, read a paper entitled "A Series of Cases of Calculous Obstruction of the Common Bile-duct, Treated by Incision and Removal of the Calculi." This will be published in the next number of the JOURNAL.

Dr. C. F. MARTIN, of Montreal, exhibited a series of forms in use in the Royal Victoria Hospital of Montreal for the accurate record of the particulars of disease for statistical purposes.

Dr. V. P. GIBNEY, of New York, then read a paper on "The Treatment of Convalescent Club-foot." He remarked that there is no more interesting condition in orthopedics than club-foot and none more difficult to bring to a successful issue, although knowledge of the anatomy and pathology of the part is indispensable to the orthopedist. The reduction of the deformity and the preservation of the induced condition in permanency are two different things, and the latter is often more difficult than the former. Relapses occur from various reasons. Among them is the failure of the surgeon to effect perfect reposition of the parts, or the corrected position may not be maintained for sufficient length of time. Sometimes the neglect of exercising the atrophic muscles or the use of too complicated boots is responsible. In operating Dr. Gibney aims at the production of an over-corrected position, but he thought it unwise to maintain this too long. He felt that it is best to endeavour to enlist the intelligent co-operation of the patient and friends and frankly tell them that the trouble is tedious and much depended on their effort. The child should be taught to walk properly, as this will correct the tendency to pigeon-toes. After operative procedures the foot should be put up in plaster for from three to six months. If there is obstinate projection of the cuboid, and head of the fifth metatarsal, a cuneiform incision should be made in the neck of the os calcis. If the foot still rolled, Dr. Gibney advocated supra-malleolar osteotomy, placing the foot in the position of over-correction. He thought that the surgeon