

most searching examination on tuberculosis of joints and on the particular case before them. It was certainly a most instructive method of procedure, and it was fortunate the poor patient was deaf, as the questions of prognosis and of treatment were discussed thoroughly. Amputation of the leg was then performed, as the disease had progressed too far for resection. We could not but feel, however, that it was hard to keep the poor man waiting on the table. Certainly the ward would have been the more appropriate place for the instruction. The Basel students have an exceptionally clear and decisive teacher of surgery; here again the colored chalks on the blackboard were used at least half a dozen times to illustrate special features of the disease and steps of the operation.

Professor Immermann has charge of the medical clinic, and has a conveniently arranged, though not large, clinical laboratory. The lecture-room is attached to the medical wards, and we heard for half an hour a very practical talk on the treatment of acute Bright's disease. A point specially insisted upon in the later stages was the flushing of the tubes by a plentiful supply of liquids. Then the class was taken into one of the men's medical wards, and a student examined a case of typhlitis, upon which the comments of Professor Immermann were very interesting. The young man had been seized five days before with pain in the right iliac region, not of an agonizing character, and moderate fever, so that he had to give up work. He had not been particularly constipated prior to the onset of the pain, but he had had, several years ago, a somewhat similar attack. The examination showed simply pain on deep pressure in the right iliac fossa, no tumor, no signs of peritonitis. The case was regarded as one of appendicitis, and, as the symptoms had progressively improved, the treatment was confined to the administration of opium and the use of local applications. Great stress was laid on the absence of tumor as a differential point in the diagnosis of appendicitis and typhlitis from fecal impaction. I gathered that Professor Immermann believed in the existence of a typhlitis apart from appendix disease; and the tumor, which is more apt to be present in these cases, may be due either to primary im-