DR. JOHN W. BYERS is a candidate for one of the examinations in Midwifery to be filled at the next meeting of the Senate of the Royal University, Ireland. There is a strong feeling that the Belfast Medical School is entitled to a larger share of representation on the examining boards than it possesses. At present there is not one examiner from Belfast at the final M.B., although this school sends up, it is said, more than one-third of the candidates.

THE Universities of Oxford and Cambridge have drawn up regulations for the promotion of home reading and study in connexion with their University extension schemes. The University extension work in London is carried on by the London Society for the Extension of University teaching, in conjunction with the Universities' Joint Board. The Universities' Board are preparing a similar scheme of home reading and study for London.

IN August next the Anthropological Societies of Bonn and Vienna will combine to hold a great Congress in the Austrian capital. The opening of the Natural History Museum there will coincide with the meeting of the Congress, which will also increase its attractions by an Exposition of Prehistoric Objects. Men of science from all parts of the world are expected to assist at the proceedings.

MR. C. A. BALLANCE, M.B. Lond., F.R.C.S., has been appointed Assistant Surgeon to the Hospital for Sick Children, Great Ormond-street.

MR. NELSON HARDY, F.R.C.S. Ed., L.R.C.P. Ed., is a candidate for the representation of the Dulwich division of Camberwell on the County Council.

ARTHRECTOMY.

BY G. A. WRIGHT, M.B. OXON., F.R.C.S. ENG.

ERASION or arthrectomy of the knee is an operation consisting in fully exposing the whole of the interior of the joint, and in completely removing the diseased synovial membrane, ligaments, cartilage, and bone without any formal removal of the articular extremities, as in excision. In fact, erosion is removal of all the diseased structures from a joint, and removal of diseased structures only. The operation has been in use in the Children's Hospital, Pendlebury, since 1881. The first case was published in THE LANCET of that year, under the heading of "Cases illustrating the Surgery of Childhood." In 1883, at the meeting of the British Medical Association in Liverpool, a paper was read entitled "On the importance of recognising the Primary Lesion in Joint Disease." The question of erosion was discussed, and cases were shown. In 1885 a series of sixteen cases was published in the *Medical Chronicle*. The question of priority is unimportant, but it is important to recognise that in certain cases, under certain restricted conditions, the operation yields better results than excision. The operation is, I think, chiefly, if not entirely, applicable to the knee joint, though I have performed it in the ankle and the elbow; but in joints with complex bony surfaces, and in joints where free mobility is an important element, also in joints where the primary and main lesion is bony, the operation can, I think, never have any great measure of success. The transpatellar method is the best. The removal must be most thorough, careful, and complete. Drainage should be through the back of the joint. The results in successful cases are better than those of excision, in that there is no shortening whatever, either immediate or as growth goes on, while the results in other respects are like those of excision, for a firm, stiff, straight limb is obtained.

Mobility, though possible, is not to be counted upon. The operation is not applicable to cases where there is great and widespread disease of bone, or where there is much suppuration, or where there is general tuberculosis. It is applicable to cases of disease that resist treatment by rest, but are not so far gone as to require amputation—in fact, to the majority of the cases which are now excised; though it is admitted that a considerable number of cases still require excision, and are not suitable for erosion. Erosion is, however, justifiable at a less advanced stage of disease than excision would be. The operation is chiefly applicable to children. Cases of both erosion and excision require long watching to prevent distortion, and there is little difference between the two in this respect. I have had many failures, and expect always to have a considerable number of cases in which erosion fails, and has to be followed by excision or amputation; but I think that most of these would have required the severer operation in any case, so that, though the patient has had an additional operation to go through, he has not been a loser in any other way.

The noticeable points in the operation are: 1. Full exposure of every cranny in the joint. 2. Absolutely complete removal of all disease, scraping at any doubtful bony spots. Well-localised foci of disease in bone, if of limited extent, are no bar to success. The use of the cautery afterwards is often good. 3. The crucial ligaments should be preserved if possible, as they tend to steady the joint afterwards. 4. The limb should be well fixed until healing is complete; then the patient may get about with crutches and a patten in a Thomas's knee-splint, or with the limb fixed in plaster of Paris. 5. As in excision, flexion will occur unless the limb is kept fixed for from two to three years at least. 6. In some cases actual lengthening of the limb occurs after the operation, just as overgrowth not uncommonly follows necrosis from acute periostitis.

Since the cases published in the *Chronicle*, I have operated nine times upon the knee and once upon the elbow. Of these, the elbow case and two of the knee cases are incomplete; one will probably ultimately do well, and the other badly, since the patient has general tuberculosis. Of the seven other knee cases, one in which there was far-advanced bone disease required amputation; one in which there was subluxation at the time of the erosion subsequently came to excision; and the other five have done well.

ERUPTIVE DISEASES OF THE TEATS AND UDDERS OF COWS IN RELATION TO SCARLET FEVER IN MAN.¹

WHEN, in the report of the Medical Officer to the Local Government Board for 1886, the investigations of Mr. Power and Dr. Klein respecting the Hendon cow disease and scarlatina were made public, it was felt that a thorough investigation into diseases of cows ought to be made to test the validity of the conclusions then arrived at. Such an investigation has been undertaken by the Agricultural Department of the Privy Council Office, and its results have been embodied in the report just issued by Professor Brown, C.B. The report opens with a reference to the statements that an eruptive disease of the teats of cows on the late Mr. Panter's farm at Hendon had caused scarlatina among the consumers of milk; that a micro-organism had been found in the ulcers on the cows' teats which was identical with that found in scarlatinal blood, and that inoculation of calves with the micro-organism from either source induced morbid conditions related on the one hand to the Hendon cow disease, and on the other to scarlatina in man. Regret is expressed that Mr. Power did not extend his inquiries to two other farms which, like the Hendon farm, furnished milk to the districts of the scarlatinal outbreak. The investigation by the Agricultural Department was at first limited to the history of the Derbyshire cows which had introduced the disease into the Hendon herd, and early in 1887 Professor Axe reported the results of this investigation, further details of which are appended to the present report. Owing to the alarm

¹ Report on Eruptive Diseases of the Teats and Udders of Cows in Relation to Scarlet Fever in Man. By Professor Brown, C.B., Agricultural Department, Privy Council Office. With an Appendix. 1888.