scopical examination showed that the tumour in the breast was due to chronic mastitis, while the axillary tumour was a fibro-adenoma, and must have occurred in an aberrant lobule or as a supernumerary breast. In making the diagnosis readied the varied pathology of carcinoma of the cervix uteri. In some 47 cases of malignant disease of the cervix treated by vaginal x-ray, Dr. Anson had found the microscopic examination of some-aneous epitheliomata in 37, glandular cancer in 6, and sarcoma in 4. Referring to sarcoma of the cervix in more detail, Dr. Mather showed one case of adenocarcinoma, another case in which the growth was a mixture of round-celled sarcoma and squamous epithelioma. The author did not consider sarcoma of the cervix to be as rare as was generally supposed. Dr. John Cameron gave a lantern demonstration of an ameloblastoma of the brain with complete absence of the corpus callosum, and exhibited the specimen. Dr. C. P. Lappage showed a specimen of Congenital malformation of the heart from a child aged 23 years. The organ was twice the normal weight, owing to hypertrophy of the right side. The walls of the right ventricle were thicker than those of the left, and both ventricles communicated freely with the aorta, owing to a defect of the interventricular septum. The aortic valves were normal. The ducus arteriosus supplied the lungs by the right and left pulmonary arteries. There was a constriction on the right pulmonary artery, and a systolic murmur was heard. After this it was found that a branch artery which took origin from the wall of the right ventricle behind the sartorius, and probably represented the pulmonary artery. The arteries communicated by a small opening.

LIVERPOOL MEDICAL INSTITUTION.—At a pathological meeting on March 17th, Mr. Frank Paul, President, in the chair, Dr. Ernest Glynn read a short paper on Pulmonary thrombosis and embolism. He described cases of abscess and empyemias, and discussed the microscopical examination of the organism. 

Glasgow Pathological and Clinical Society.—At a meeting on March 11th, Dr. J. Lindsay Stevan, in the chair, Professors Stockman and Muir described a case of lymphadenosis in a boy, aged 14, who had an enlargement of glands over a period of eight years. Seven years ago enlarged glands were removed from the left side of the neck in Glasgow Royal Infirmary. Further enlargement took place on the same side two years later, but disappeared under treatment in the Edinburgh Royal Infirmary. A year later they again became swollen, and were removed at the Sick Children's Hospital, Aberdeen. Since then, the remaining cervical glands had been followed by enlargement of glands in other parts of the body. At the end of September Dr. Armstrong was consulted, and a few weeks later the patient was admitted to the Western Infirmary in a state of extreme cachexia, profound anaemia, and a general enlargement of the lymphatic glands. The spleen was greatly enlarged, and the liver also showed marked enlargement. There was anemia, and there was oedema of the scrotum and lower limbs. The blood examination showed a considerable diminution in the percentage of the haemoglobin, and a polymorphonuclear leucocytosis. The temperature was very variable with evening exacerbations, and loss of weight and strength progressive in character, and inanition more marked. Death took place on January 22nd, 1907. The autopsy showed a general glandular enlargement, the abdominal glands forming a mass, and the lymph glands were continuous with those in the groin; enlarged glands were also present in the portal fissure. The spleen weighed nearly 2 lb., and distributed through it were small pale nodules. The liver was also much altered in appearance by diffuse infiltration, and a similar condition was present in the lungs. The bone marrow showed a slight hyperplasia. The microscopic appearance of the lymphatic glands showed a proliferation of the endothelial cells and of the connective tissue cells with disappearance of the lymphocytes from the older follicle and subsequent sclerosis.

Embutum.—In the proceedings of the Liverpool Medical Institution reported in the Liverpool Medical Journal, on March 23rd, and in the remarks attributed to Dr. K. Grossmann, the words "that that infection should read that infection, and "after iridectomy," should be taken as without iridectomy."