This case has had added interest in the hospital, from the fact that different views as to its nature have been held by different members of the hospital staff.

On the one hand it is contended that the rash is a syphilide, and the sore on the penis, the primary lesion. Against this theory is the patient's positive and persistent statement that the sore on the penis only appeared two weeks after the rash on the abdomen. Also it may be urged that there is no sore throat or falling of hair.

I have regarded the case as an impetigo, but just what was the source of infection I have not been able to determine with any degree of certainty. It has, to me, the appearance, of a case of neglected scabies, but no furrows or parasite have been discovered. He is rapidly improving, however, under the daily inunction of sulphur ointment and hot baths. The sites of the crust you notice are red, but hardly can be called copper coloured. I think the case of considerable clinical interest, and shall be glad to bear an expression of opinion from the members as to its nature.

A Series of Cases of Pelvic Hæmatomata.

Drs. Wm. GARDNER and C. F. MARTIN read a paper on this subject (See page 521.)

Some Points in the Treatment of Potts Disease.

Dr. C. W. Wilson read a paper on this subject. To appear later.

Dr. T. G. Roddick thought Dr. Wilson had covered the ground very thoroughly and agreed with almost everything he had said in regard to treatment. Mr. Howard Marsh's plan of keeping these cases in a recumbent position, a treatment which had stood the test of seventeen years, Dr. Roddick thought was the most satisfactory of any. With regard to Sayre's jacket he had given it a thorough trial. Having been present in Manchester when Dr. Sayre first demonstrated its use he became very enthusiastic about it and provided himself with this means of treating cases. He now felt that the fixation secured by it was not sufficient to give quite satisfactory results, and he had abandoned it for a modification of Taylor's spring jacket, the great difficulty of which was in getting it made properly.

For the abscesses he felt that aspiration should be practiced once or twice before they were opened, and that injections of iodoform as mentioned by Dr. Wilson were beneficial. For the paralysis which so often occurred he first tried the recumbent treatment and cited a case as evidence of its value.

Dr. G. E. Armstrong, referring to the apparatus shown by Dr. Wilson, thought it a very satisfactory one. He had found it no easy