bronchitis. Large masses, presumably enlarged mesenteric glands, were felt plainly in the abdomen. After a fortnight the child died. I did a post mortem on it and made the following report.

External appearance.—A well-nourished male baby weighing 9 lb. Numerous rounded tumour-like masses varying in size from $0.5 \times 1 \times 0.5$ cm. to $4 \times 5 \times 2$ cm. scattered throughout the body. The tumours seemed to arise from different layers of the body in different places—e.g., some from skin, some from connective tissue, some from muscles and their tendons, and some from periosteum. Many of the tumours, especially the larger ones and those where pressure had been brought to bear by the weight of the body, were ulcerated.

Internal examination.—Scalp and skull: Numerous rounded growths, $2 \times 3 \times 1$ cm., ulcerating through the scalp and attached to the diploë of the skull. Apparently non-capsulated. Brain and meninges: Normal. Thorax: Thymus gland normal. Mediastinal glands matted together, very hard to the touch, and very much enlarged. Pericardium: The parietal layer contains one or two hard rounded nodules, $2 \times 1 \times 0.5$ mm., not extending to inner wall. Heart: Normal. The ribs and vertebrae were studded with tumour-like growths apparently coming from the periosteum. Abdomen: Liver: Several nodules $2 \times 3 \times 1.5$ cm. Spleen: Three nodules of various sizes. Right kidney: One nodule at lower pole. Left kidney: Normal. The retroperitoneal and mesenteric glands matted together into groups; very hard and in places as large as billiard balls.

Microscopic examination of sections cut from different organs and done at the Sheffield University, revealed small round-celled sarcoma.

It was quite impossible for me to say where the primary growth started. It is possible it started as a periosteal sarcoma of one of the bones and rapidly spread throughout the body by metastases.

As to family history, father and mother are healthy, this being their first child.

I am indebted to Dr. Leader for permission to publish this case.

A CASE OF CIRSOID ANEURYSM OF PALM OF HAND.

By J. TODESCO, M.R.C.S., L.R.C.P., D.P.H. ENG.

THE following case appears uncommon, as there was no history of trauma or other cause to explain the condition.

The patient, a woman, aged 58 years, was admitted to the West London Hospital on April 8th, 1919, with the history that she had first noticed a swelling over the palm of her right hand 20 years ago. During that period it had broken down on several occasions, with discharge of pure blood. The bleeding had never been severe, and she had been able to do her house-work. For the last ten weeks a similar swelling had appeared on the palmar aspect of the right hand over the terminal phalanx of the middle finger; this had broken down and become septic. (See figure.)

The patient said that both the swellings over palm of her right hand and over middle finger had been painless, but since the latter had broken down she complained of a dull burning sensation in her hand. She was married, with four children; had had no miscarriages. The Wassermann reaction was negative; no bony changes by X ray; both arms were equal in length.

Cirsoid aneurysm of palm of hand.

On examination, there was a rounded tortuous pulsating tumour over centre of the palm of the right hand, with some scarring of the skin near the base of the middle finger. The distal and middle phalanges of this digit were gangrenous. There was also some swelling with "mottling of skin" (which was unbroken) over the two distal phalanges of the right ring finger; and some engorgement of veins of forearm. On compressing the arteries at the wrist the swelling over the palm got smaller, but on releasing pressure it swelled out again. On auscultation a distinct "souffle" was heard over the palm, being conducted both upwards along the proximal phalanges of middle finger and downwards towards wrist.

Owing to spreading sepsis and pain the third finger was amputated on April 24th at the metacarpo-phalangeal joint.

My thanks are due to Lieutenant-Colonel Donald Armour, R.A.M.C., under whose care the patient had been, for permission to record this case, and to Sister Wilks, in charge of the X ray department, for the photograph.

Medical Societies.

ROYAL INSTITUTE OF PUBLIC HEALTH: LONDON CONFERENCE.

COMMENCING on June 25th the Royal Institute of Public Health held at the Guildhall a conference, in which the chief aspects of public health—the work of the new Ministry, the prevention and arrest of venereal disease, housing in relation to national health, maternity and child welfare, and the tuberculosis problem—were separately and fully discussed, the debates culminating in a series of resolutions which focussed the present position in regard to these problems. The inaugural meeting took place at the Mansion House, under the direction of the LORD MAYOR, who was supported by His Majesty King MANUEL, Earl BEAUCHAMP, Viscount KNUTSFORD, Lord WILLOUGHBY DE BROKE, Lord LEVERHULME, and others.

The Lord Mayor's Speech.

The LORD MAYOR made a graceful reference to the imminence of peace, and to the generosity of Lord Leverhulme which had resulted in the Institute being well supplied with technical equipment, thus enabling it successfully to carry on during the trying time of the war. The Institute was also to be congratulated on at length seeing established that Ministry of Health which it had continuously advocated since it was first urged at the Dublin Conference in 1892. The fine work done by the Institute in the 30 years of its existence strengthened its case for endowment, especially now that there was a greatly increased activity in all that concerned the nation's health.

The Need for a Permanent Endowment for Research Work.

Lord LEVERHULME announced a donation of £100 from the King and a generous cheque from the Prince of Wales. Good health, he said, was at the very foundation of a large and profitable output. In order to carry out necessary research work in public health matters it was essential that the Institute should have a permanent endowment, and he earnestly appealed for financial support to that end. One of the objects was to found a national journal of preventive medicine, and for such a good programme as the Institute had set itself he thought there was a good case for a substantial Government grant. He had always been much impressed by the Institute's economy of management and efficiency of service, and he was certain the money received would be wisely expended. £30,000 was the sum asked for, and he proposed a resolution urging the Government to make a grant towards this amount.

H.M. King MANUEL (an honorary Fellow of the Institute), in seconding the resolution, said that everything which could now be done for the improvement of public health would be of the utmost importance. We had recently been living in times when brains, money, and everything we possessed were used for purposes of destruction; let the people now do likewise in the work of reconstruction. The one thing which above everything else won the war was the health of the country. In conclusion, His Majesty trusted that the knowledge gained in dealing with the men disabled in the war would be applied to the case of the civilian population.