

greater developments in his profession than any of his predecessors.

One thing at least our profession may claim. Not one of its members hangs there as an awful example. For a chamber of horrors the law has an excellent candidate in Jeffreys and perhaps in Impey, the Church could spare Dodds, and literature might conveniently hang Godwin and Churchill in a rogues' gallery. As for the politicians, there are few who would obtain a unanimous vote of confidence, but the medical men's portraits, even including Peter Pindar's, are of gentlemen.

THE EFFECT OF BORAX ON THE CURDLING OF MILK.

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ONE of the effects of adding borax to milk is to render it incapable of curdling, but the curdling property is restored on the addition of a small quantity of calcium chloride. I have frequently observed this condition in commercial samples of milk. Having made a number of laboratory experiments for the purpose of ascertaining the quantity of borax necessary to prevent curdling, I find as a result: (1) that milk containing one-tenth of its volume of cold saturated solution of borax is incapable of curdling with rennet (this is equivalent to about 36 grains borax to 1 pint milk)—smaller quantities of borax delay the curdling more or less; (2) that the addition of calcium chloride either before or after the rennet restores the normal curdling power; and (3) that boric acid added to milk does not delay curdling with rennet, but rather hastens it. The effect of boric acid seemed to indicate that the loss of curdling property in presence of borax was not due to the boric portion of the salt, but rather to its soda. I therefore tried the effect of adding sodium bicarbonate to milk. The results were as follows:—1. Curdling with rennet is prevented by adding to the milk one-sixth of its volume of a 5 per cent. solution of sodium bicarbonate. Smaller quantities retard curdling. 2. The addition of calcium chloride restores the curdling property apparently more quickly than in the case when borax has been used. From these experiments it appears that the prevention of curdling may be due to the removal of the lime salts from the field of action, but is more probably due to the formation of a soluble compound of the casein and alkali, which is decomposed by calcium chloride in excess. If borax removes calcium from the field of action it follows that not merely the curdling function will suffer, but also many other functions of the body in which calcium is needed. And even if the alkali of the borax is the only restrainer of curdling it is not desirable to neutralise the gastric juice by its use. Moreover, the presence of borax may prevent the normal production of acids by fermentation and thereby further hinder digestion.

Birmingham.

THE INTERNATIONAL CONGRESS OF DERMATOLOGY.

THE programme of the Third International Congress of Dermatology, to be held in the Examination Hall of the Royal Colleges of Physicians and Surgeons, Victoria Embankment, from Aug. 4th to Aug. 8th, has just been issued, and some interesting discussions are promised.

Mr. Jonathan Hutchinson, the President of the Congress, will be supported by the following Vice-Presidents: Dr. Wilks, President of the Royal College of Physicians of London; Mr. Christopher Heath, President of the Royal College of Surgeons of England; Dr. Walter G. Smith, President of the Royal College of Physicians of Ireland; Sir W. Thornley Stoker, President of the Royal College of Surgeons in Ireland; Dr. W. T. Gairdner, President of the Royal College of Physicians of Edinburgh; Dr. J. Struthers, President of the Royal College of Surgeons of Edinburgh; Sir J. Nicholas Dick, K.C.B., Director-General of the Medical Department of the Navy; Sir W. A. Mackinnon, K.C.B., late

Director-General of the Medical Department of the Army; Sir William H. Broadbent, Bart.; Sir Joseph Lister, Bart., President of the Royal Society; Sir James Paget, Bart.; Sir Richard Quain, Bart.; Sir J. Russell Reynolds, Bart.; Sir Dyce Duckworth, Sir William MacCormac, Sir Douglas MacLagan, Sir Edward Sieveking, Dr. McCall Anderson, Dr. Mitchell Bruce, Dr. John Cavafy, Mr. Alfred Cooper, Dr. G. F. Duffey, Dr. J. F. Goodhart, Dr. Hughlings Jackson, Dr. Allan Jamieson, Dr. Robert Liveing, Dr. Payne, Dr. Douglas Powell, Dr. Pye-Smith, Dr. Hermann Weber; also Dr. Besnier, Professor Fournier, and Dr. Hallopeau, of Paris; Professor Leloir of Lille; Professor Lewin, Professor Köbner, and Professor Lassar of Berlin; Professor Neisser of Breslau; Dr. Unna of Hamburg; Dr. Veiel of Cannstadt; Professor Kaposi, Professor Neumann, Professor Lang, and Dr. Hans von Hebra of Vienna; Professor Schwimmer of Budapest; Professor Pick and Professor Janovsky of Prague; Professor Jarisch of Gratz; Professor Petersen and Professor Tarnowski of St. Petersburg; Professor Pospelow of Moscow; Professor de Amicis of Naples; Professor Pellizari of Florence; Professor Campana of Rome; Professor Boeck of Christiania; Dr. Welander of Stockholm; Professor Haslund of Copenhagen; Professor Castelo and Professor Olavide of Madrid; Professor Petrini de Galatz and Professor Kalindero of Bucharest; Zambaco Pacha; Professor Joannu of Athens; Dr. Duhring of Philadelphia; Dr. White of Boston; Dr. Nevins Hyde of Chicago; Dr. Bulkley, Dr. Keyes, and Dr. Fox, of New York; Dr. F. Shepherd of Montreal; and Dr. Graham of Toronto.

On the first day of the meeting after the preliminary business of the Congress has been dealt with Mr. Jonathan Hutchinson will deliver the presidential address, and the subject of Prurigo will be discussed by Dr. Besnier of Paris, Professor Kaposi of Vienna, Dr. J. C. White of Boston, and Dr. Payne of London. On Wednesday, Aug. 5th, the subjects for discussion will be the Etiology and Varieties of Keratosis and Syphilitic Re-infection; on Thursday, Aug. 6th, the Connexion of Tuberculosis with Diseases of the Skin other than Lupus Vulgaris, the Duration of the Period of Contagion of Syphilis, and Ringworm and the Trichophytosis; and on Friday, Aug. 7th, the Nature and Relation of the Erythema Multiforme Group and Malignant Syphilis. Clinical demonstrations of cases will be given on Aug. 5th, 6th, and 7th, and various papers will be read during the progress of the Congress. Saturday, Aug. 8th, will be devoted to the clinical demonstration of cases, to be followed by papers.

Full information regarding the Congress can be obtained from the Secretary-General, Dr. J. J. Pringle, 23, Lower Seymour-street, London, W.

CHOLERA IN EGYPT.

THE manifestations of epidemic cholera which have appeared this year in Egypt have commenced earlier than in the epidemic of 1883 in that country, which began first of all at Damietta about the middle of June and lasted to September, and gave rise to a total mortality of over 25,000. Damietta, Alexandria, Chibin-el-Kon, and Cairo were the places most affected on that occasion. At the time of that outbreak there was no special activity of the disease in Arabia. There must always be some doubt as to the exact place and date of origin of an outbreak, but some sporadic cases of the disease seem to have appeared on the present occasion in Alexandria in March last. In the following month there were almost daily cases of cholera, and by the first three weeks of April these amounted altogether to 45 with 42 deaths. A few cases occurred in Cairo soon after the appearance of the disease in Alexandria. The disease has very slowly but steadily increased in Cairo. This outbreak in Egypt gave rise to a considerable exodus of the well-to-do classes, many of whom, it is understood, went to Marseilles. Two cases occurred in the 14th Soudanese Battalion at Tourah, where there is a large convict establishment. The disease has hitherto been very severe and fatal, some 80 or 90 per cent. of those attacked having died. On May 20th there were several fatal cases at Alexandria, at Cairo—in the old and new parts of the city—and some at Tourah-camp and other places. On the 22nd and 23rd there were 45 deaths from cholera at Alexandria and 75 at Cairo—mostly in old Cairo—and 8 at other places. On the 24th