cannot be conveyed by contagion. Between the circumstances of the poor Irish breast-fed baby living in London, and those of the infant warded in the Infants' Hospital, there is a wide difference, and also a remarkable correspondence. Both are fed on pure raw milk, and both are immune from the disease. The organisms which produce zymotic enteritis exist in the mouth of every healthy infant, but they cannot attack milk in its natural state, and it cannot be too strongly emphasised that these organisms of putrefaction do not directly produce the disease, even when myriads of them reach the alimentary canal of the infant they are unable to attack it. Their action is one which is exercised entirely on the milk whether inside or outside the infant.

The effective cause of zymotic enteritis is not the organisms which finally promote its production, but the method by means of which the infant has been deprived of its natural safeguards against them. The fundamental characteristic of the natural food of the infant is that it is a raw fluid.

No serious amelioration in the mortality arising from this disease can be anticipated until the fullest protection of pure raw milk is secured for every infant, and special precautions must be taken at times when heat and dust are prevalent, to secure that the milk for the use of infants shall be preserved fresh and unboiled.

The Dowager Queen of Sweden and the International Council of Nurses.

The following letter has been received by Miss L. L. Dock, Hon. Secretary of the International Council of Nurses, from the Dowager Queen Sophia of Sweden. In appreciation of her Majesty's personal interest in the work of the Council and the London Congress a specially bound volume of the Transactions has been sent to her.

High Grove, Pinner,
6th March, 1910.

Dear Miss Dock,

Her Majesty the Dowager Queen of Sweden commands me to express her Majesty's best thanks for the Council of Nurses' kind gift of its Report, 1909.

Believe me, yours sincerely,
Ossbahr,
Chamberlain in Attendance.

Since the London Congress the Swedish Nurses, whose professional attitude inspired confidence and admiration, have formed a Swedish Nurses' Association.

Notes on Tubercular Hip Disease.

The Hip Joint.

The hip joint is formed by the superior head of the femur, which articulates with the acetabulum. The acetabulum (or cotyloid cavity) is formed by junction of the three bones of the pelvis, viz., the ilium, ischium, and pubes. Articular cartilage, synovial membrane, and fat line the cavity, and cover the head of the femur, and the capsule encloses the joint (being strengthened by many other important ligaments), and completely surrounds the surgical neck of the femur. The greater and lesser trochanter are situated outside the hip joint, and give attachment to many of the deep muscles of the thigh.

Injury to the Temporary Cartilage.

Before passing on it may be well to mention that in the child, temporary cartilage will be found in the pelvis, and also at the ends of shafts of the long bones. It is from these pads of temporary cartilage growth takes place in the limb. If the limb receives injury the cartilaginous cells are thrown out of action, the bony cells at once become active, causing permanent shortening of the limb, which will be more noticeable as the child grows.

Recognition and Cause of Hip Disease.

In ascertaining the previous history of a child with tubercular hip disease, there is usually a tubercular history, and also the account of a fall or blow, perhaps quite of a slight nature. Some inflammatory condition has resulted, which assists the tubercle bacilli (already in the blood stream) to multiply and set up mischief in this joint.

One of the saddest features of hip disease is that it is rarely placed under proper treatment until the disease has become well established. It is therefore the duty of all nurses to be able to recognise certain abnormal conditions, and bring them to the notice of a medical man, or of a parent of the child. A child suffering from hip disease in the first stage will suffer no pain and stand as below.

First position.—Patient bends knee outwards, everts and abducts foot, stands with one foot away from the other, and will be reluctant to move. In this position the diseased leg looks longer than the healthy one.

Second position.—Anterior curvature of spine, termed "Lordosis." Patient has the appearance of an exaggerated waist. This condition must not be confused with a similar one seen in rachitis.

Third position.—Patient bends knee inwards and foot outwards. Lordosis is also present. Patient's leg has the appearance of being