

3. The presence of tumours on the soles of the feet—an uncommon situation.
4. The presence of the three types of pigmentation.
5. The rapid increase in the size and number of tumours after operation.

## REFERENCES

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## ACUTE ACTINOMYCOSIS OF THE PAROTID GLAND.

By E. D. TELFORD, F.R.C.S.,

SURGEON, MANCHESTER ROYAL INFIRMARY.

THE course of events after infection by the ray fungus is usually slow; the swelling and induration are of gradual development without acute local or general reaction, and the subsequent softening and discharge are long drawn out and tedious.

There occur, however, rarer cases in which the disease assumes a much more acute form. Two such cases have come under my notice within the last ten years, and they seem worthy of mention since there are but few reports of the acute forms of actinomycosis. In view of the fact that the ordinary chronic variety is still frequently missed, and a diagnosis, often of tuberculosis, sometimes of sarcoma, is wrongly made, the acuter cases of actinomycosis are, owing to their greater rarity, still more likely to be a source of error in diagnosis.

The two cases on which this note is based presented a remarkable similarity in onset and symptoms. In each case the route of infection was by the parotid duct, and from this point of entry the disease rapidly infiltrated the gland itself. The infection was, in the one case, derived, no doubt, from the habit of chewing corn whilst engaged in feeding poultry; in the other case the patient had, a week before the onset, played with some children in a field of ripe corn, but no more exact source of infection could be discovered. In both cases the outline of the gland, including the very distinct socia parotidis, was plainly marked, but within seven days of onset the barrier of the glandular capsule was broken down, and a most acute diffuse cellulitis of the face resulted. The nature of the infection was determined in each case by the examination of portions of the infiltrated subcutaneous tissue in the Pathological Department of the University of Manchester.

The features of this acute form of actinomycosis would appear to be as follows. The fungus enters by the parotid duct and, within a few days of entry, gives rise to an acute parotitis; the socia parotidis is seen to be enlarged and tender. The disease then bursts through the limits of the gland, whereupon a very acute cellulitis develops which may extend far over the scalp and well down the neck. There is great constitutional disturbance and marked evidence of septic absorption. At this stage the swollen parts are likely to be incised, when the incisions will be found to yield no pus, but merely a sanious debris. The cut tissue will be seen to be diffusely infiltrated, of a dirty grey colour, flecked with points of yellow. The fluid and debris obtained may be extremely foul, indicating a mixed infection of organisms from the mouth. The incisions, although they may ameliorate the acute condition, will probably fail to arrest the disease and the further spread of the lesion with fresh points of softening will be seen. These, when in turn incised, will tend to assume a chronic course until, ultimately, the diagnosis is thrust upon the observer by the yellow granules of the fungus.

The practical lesson is that any acute cellulitis of the face of obscure origin, or of unwonted appearance on incision, should excite suspicion of actinomycotic infection. The discharge from such lesions, or, better, a small portion of tissue, should be examined, and, since the fungus is not always easy of identification, a single negative result should by no means be accepted as final.

Once the diagnosis is established, appropriate treatment in addition to the incisions should be given. Iodine has appeared to yield good results in the more common chronic forms of the disease, and should certainly be used freely

in these more acute cases. It has often been given in too small a dose; it should be pushed very freely in all forms of actinomycosis. One of my acute cases took no less than 240 grains of potassium iodide each day for several weeks with distinct benefit and no ill effect. In addition, iodine should be given locally. A 10 per cent. solution of iodipin may be injected into the infiltrated area at several points to the daily amount of 10 c.cm. The incisions and sinuses should be irrigated freely with a weak mixture of tincture of iodine and water.

In my second case a dose of 0.3 gram neo-salvarsan was given as soon as the diagnosis was established on the twelfth day of the illness. Although this case was a very acute one, with extremely foul discharge, there was within twenty-four hours of the administration a very marked increase in the amount of discharge and a rapid improvement in the local and general condition. This improvement was so well maintained that a further injection which was contemplated was not given. An isolated observation of this kind is of small value, but from my experience of its effect in this instance I would certainly be disposed to use salvarsan in cases of actinomycosis.

The problem of securing good drainage by incision of the face without leaving very obvious disfigurement is not easy. In my second case I attempted it by making a free incision above the hair line of the temple, and by blunt subcutaneous dissection I made a large tunnel, out of which a tube was drawn through a small vertical incision in front of the ear. Another incision, concealed behind the angle of the jaw, enabled a similar subcutaneous tunnel to reach the first one and provided good dependent drainage by a second tube. In this patient all the parts were soundly healed within two months and the cosmetic result was particularly fortunate.

In these more acute instances of facial actinomycosis early diagnosis is much to be desired. Unless the true nature of the disease is recognized, the condition is likely, after numerous incisions, to drift into the ordinary chronic form with multiple and tedious points of softening causing gross disfigurement. It would seem that much may be done to obviate this unfortunate result by energetic treatment early in the disease.

My first case had been treated as "mumps" and had been in existence for three weeks when brought to my notice. This case, in spite of energetic treatment, took five months to heal, and resulted in very marked disfigurement. The second case, which had a history of only seven days, was, by the help of free drainage, of much iodine, and probably of salvarsan, well healed within eight weeks, and the subsequent facial appearance of the patient was not the least satisfactory feature of the case.

## Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

### A CASE OF ACETYL SALICYLIC ACID POISONING.

ACETYL SALICYLIC ACID being so extensively prescribed at the present time leads me to publish the following as possessing some features of interest in that the patient showed a marked idiosyncrasy to the drug on a number of occasions.

A gentleman, aged 34, was suffering from a slight attack of influenza. I advised him to take 10 grains of acetyl salicylic acid every six hours. The first dose was taken about half an hour after a light lunch, and by mistake he took only 5 grains. Within an hour his throat commenced to swell, and the mucous membrane of the tongue shortly afterwards became involved to a marked degree. Severe pain, situated over the middle of the sternum, ensued. The oedema spread to the neck, which became much enlarged equally on the two sides, and the swelling quickly extended upwards over the face. The eyelids participated in the general oedema, but the involvement was not sufficient to close the palpebral fissures. A dull red urticarial rash now appeared over the chin and both cheeks. The roof of the mouth was dry and the speech thick. The oedema of the tongue was sufficient to embarrass somewhat respiration by the mouth, but the act was unimpeded by the nasal route. Slight deafness and tinnitus and a sensation of fullness in the head were present. There was no palpitation, and the urine was normal in appearance. Gastro-intestinal symptoms, with the exception of the sternal pain mentioned, were absent. Two hours after the onset the symptoms commenced to abate, and an hour later had all disappeared. Although the discomfort

attendant on the infiltration of the connective tissues was marked, the severe sternal pain, which lasted two hours unabated, was the greatest cause of alarm to the patient. Alcohol, asthma, rheumatism, and gout have no place in his past history, but there is a tendency to the last-mentioned disease in the family. There is no trace of angioneurosis in the family history.

When I saw him later he informed me that he had had a number of similar attacks in the past. The first occasion was two years previously, when he was given 5 grains of acetyl salicylic acid for a chill. Toxic symptoms commenced within half an hour, and lasted in all about eight hours. The sternal pain on this occasion was not so severe, but otherwise the phenomena were exactly comparable to those enumerated above.

About twelve months later a doctor gave him acetyl salicylic acid in cachets, one to be taken every night immediately before retiring to bed; the dose is not known. Twelve doses in all were taken, and on each occasion exactly the same symptoms commenced within a period of half an hour to an hour, and lasted from two to three hours. He continued taking the acetyl salicylic acid every night, as he thought the symptoms "were part of the disease and the treatment."

The toxicity of the drug has been attributed to the impurities existing in salicylic acid, and the phenomena of salicylism are very like those produced by quinine, but inquiry elicited the fact that the patient has always been able to tolerate full doses of quinine.

The marked idiosyncrasy of this patient for acetyl salicylic acid is well shown. In all, the drug has been taken on fourteen occasions, and each time has been attended by the same toxic phenomena, the individual symptoms following each other in similar order. The degree of severity has gradually increased, particularly as relates to the lingual oedema and the sternal pain.

VICTOR C. VESSELOVSKY, M.R.C.S.Eng.,  
L.R.C.P.Lond.

#### PEPPER IN THE PROPHYLAXIS AND TREATMENT OF FILARIASIS.

AFTER several months of observation and experiment I have discovered that pepper is an excellent prophylactic against filaria.

A study of the diets peculiar to the various races in this colony reveals the important fact that where much pepper is used in the food filaria is less evident in direct proportion. For example, (a) the aboriginal Carib Indians use an enormous amount of pepper in their food and drink, and filariasis is almost unknown amongst them; (b) the East Indian immigrant and those "Creole" East Indians who adhere strictly to their national dishes, in which pepper enters largely, seldom, if ever, suffer from filariasis. On the other hand, filariasis is most common in those races, like Portuguese, negroes, and other inhabitants, who make use of very little pepper in their food.

From the above observations I concluded that pepper, or piperine, its active constituent, was no doubt the prophylactic against filaria.

Probably the knowledge of the prophylactic properties of pepper, like most other things in primitive peoples, was lost in the centuries, and what was once based on scientific principles was handed down and followed blindly as a habit or custom.

To prove my theory that pepper has something to do with the prevention of the manifestation of filariasis, I experimented with tinctura capsici in cases of acute filarial fever and lymphangitis, and found that the fever and lymphangitis yielded promptly to the administration of the drug. Probably piperine would act in the identical manner.

The discovery promises to have very far-reaching results; therefore I hasten to record my observations, and hope to prove their value and accuracy later.

J. A. ROBERTSON, L.R.C.P. and S.E.,  
Medical Officer, Alms House,  
Georgetown, Demerara.

THE authorities in the capital of Pennsylvania, which has been troubled recently with rainy weather, have acted with great vigour in preventing the multiplication of mosquitos. A special mosquito brigade has treated more than 353,000 sq. ft. of standing water with oil, filled up approximately 300 pools, and dug 50 miles of ditches to drain marshes where the pests breed. All weeds on vacant lots have been cut down. It is proposed that the marsh lands shall be cleared and trenched in January when they are frozen.

## Reports

### MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

#### PERTH HOSPITAL, WESTERN AUSTRALIA.

##### GRANULOMA PUDENDI: CAESAREAN SECTION.

(By ARTHUR J. NYULASY, M.R.C.S.Eng., Gynaecologist to the Hospital.)

MRS. X., aged 20 years, white, but born in a district in Western Australia in which infective granuloma occurs among the aborigines, was admitted to the Perth Hospital about seven months pregnant with her first child on August 3rd, 1913. About six months earlier small nodules appeared on the perineum, and soon broke down into ulcers. The labia majora were found much enlarged, firm, and rough on the surface, and about 2½ in. in diameter. The labia did not pit on pressure. Ulceration, with irregularly heaped-up granulation tissue on the surface, was seen to extend from a little behind the anus about 1½ in. on each side of it and involving it, and passed along the outer and inner sides of the labia majora; also from the clitoris up the anterior vaginal wall. The edge of the ulcerated surface was clean cut, not markedly raised, and rather serpiginous. The vaginal introitus was narrowed by dense scar tissue occupying its posterior margin. Outside the local condition described no lesions could be discovered in any other part of the body, but the patient was decidedly anaemic. The Wassermann reaction was negative, and salvarsan, mercury, and iodine without evident effect.

On October 15th, 1913, the patient, being in labour, was transferred to me for Caesarean section. She was intensely anaemic, the blood from incisions giving a remarkably pale stain. The placenta was found immediately under the uterine incision and completely separated, there being no adhesions, polypoid decidua endometritis, or other evidence of syphilis. The abdominal incision was only a little over 6 in. long, and the child was extracted without withdrawing the uterus from the abdominal cavity. The child could not be revived, but the mother progressed satisfactorily up to a week after operation. The skin clips were then removed, and a few hours later the whole abdominal wound was found to have completely opened up into the peritoneal cavity, exposing the intestines. The vitality of the patient had been so low that there had not been the slightest attempt at repair of the abdominal wound. In spite of this, however, the uterine wound had united quite satisfactorily, supplying excellent evidence of the healing capacity of the highly vascularized pregnant uterus. The abdominal incision was resutured, and the patient placed in the open air and given iron and ammonia. Thence onwards the progress to recovery from the operation was uninterrupted.

The granulomatous condition remained little if at all influenced by iodides, mercury, arsenic, and iron internally, and antiseptic local treatment. On December 21st the whole ulcerated area was scraped, the heaped-up granulation tissue coming away with great ease, as if it were an overlying moss. The surface was then brushed over with carbolic acid. The cervix uteri was felt on this and on a subsequent occasion (January 7th, 1914) to be very friable, breaking down readily with the gloved finger-nail. A vaginal speculum could not be used on account of the contracted condition of the introitus, so that one had to depend entirely on the sense of touch. The cervix was curetted, and carbolic applied. X-ray treatment was given twice a week, and after a few months the patient left the hospital. Mr. Hancock, the radiographer to the hospital, who carried out this treatment, informs me that the ulceration had almost healed, and the labia were almost their normal size when the patient went home.

Dr. Shearman, Government Bacteriologist to Western Australia, who examined specimens from this case, states that they consisted of granulomatous tissue, but that he could discover none of the spirochaetes referred to by some writers on infective granuloma. Dr. Cleland, of Sydney, has contributed valuable papers on this disease, in one of which he figures a spirochaete.

Infective granuloma pudendi is quite common among the

that Lieutenant Peel's name had on several occasions been sent to head quarters for his continued good work, and was again sent in on the day of his death.

INSPECTOR-GENERAL HENRY THOMPSON COX, R.N. (retired), died on September 16th, aged 64. He was the son of the late Henry Rix Cox, of H.M. Board of Public Works, Ireland, and was educated in the medical school of the Royal College of Surgeons, Ireland, taking the diploma of L.R.C.S.I. and the L.R.C.P. in 1871, also that of M.R.C.P.I. in 1881. He entered the naval medical service in 1872, and reached the highest rank, that of inspector-general of hospitals and fleets (now surgeon-general), on January 25th, 1906, retiring in 1909. He served in the Ashanti campaign of 1873-74, with the naval brigade on shore, receiving the medal. He was also serving on board H.M.S. *Amethyst* as medical officer when that ship and H.M.S. *Shah*, two old unarmoured vessels, successfully fought the Peruvian ironclad, *Huascar*, in the hands of rebels against the Government, off the South American coast in 1877.

SURGEON-MAJOR CHARLES GRAY, Army Medical Department (retired), died in London on September 25th, aged 78. He was educated at St. Thomas's, took the M.R.C.S. in 1858, and entered the army as assistant surgeon on April 22nd, 1858, becoming surgeon on April 22nd, 1870, and surgeon-major on April 1st, 1873, and retiring on November 13th, 1874. His war services are not given in the *Army List*, though the crossed swords against his name in the retired list show that he had seen service in war.

MAJOR GEORGE THOMAS MOULD, Bengal Medical Service (retired), died suddenly in London on September 13th. He was born on November 25th, 1864, took the diplomas of M.R.C.S. and L.R.C.P. Lond. in 1888, and entered the Indian Medical Service as surgeon on March 30th, 1888, becoming major on March 30th, 1900, and retiring, as soon as he had qualified for the earliest pension, on July 28th, 1905. He put in his whole service in military employ, being for many years medical officer of the 1st Duke of York's Own Lancers, better known as Skinner's Horse. He served on the north-east frontier of India in the Manipur expedition of 1891, medal and clasp; in the north-west frontier war of 1897-98, in the Tochi valley campaign, medal and clasp; and in the third China war in 1900, when he took part in the relief of Peking, and in the actions of Peitsang and Yangtsun, gaining a third medal and clasp.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. C. H. Bradley, sometime clinical instructor in medicine in the University of Minnesota, aged 50; Dr. Marco Luzzato, physician to the Ospedale Civile, Venice, for more than thirty years, one of the founders and sole editor of the *Rivista Veneta di Scienze Mediche*; Dr. Alphonse Péchin, President of the General Syndicate of French Oculists, and author of numerous writings on the neurology of the eye and other subjects connected with his speciality, aged 63; Dr. Rigal, formerly physician to the Necker Hospital, Paris; Dr. Ugo Schiff, professor of chemistry at Florence, author of valuable papers on subjects within the province of physiological chemistry, and one of the founders of the *Gazzetta chimica Italiana*; and Dr. Horatio N. Spencer, founder of the *American Journal of Otology*, which he edited during a period of four years, and professor of diseases of the ear in the medical department of Washington University, St. Louis, from 1881 to 1911, aged 73.

V. ZACHARY COPE (*Brit. Journ. Surgery*, vol. iii, No. 9) considers that actinomycosis is by no means so rare in man as is generally believed, and that many cases are diagnosed incorrectly. In the course of the ten years preceding 1912 only 136 cases were admitted into seven of the largest hospitals in London. Yet while the four largest together only reported a total of 50 cases, two of the smaller hospitals admitted respectively 61 and 21 patients subject to actinomycosis. Cope has detected this disease in 13 cases during the last three and a half years.

## Public Health

AND

## POOR LAW MEDICAL SERVICES.

### POOR LAW MEDICAL OFFICERS' ASSOCIATION.

THE council of this association at its meeting on September 23rd considered the case of Dr. Denning of Epping; he had been suspended by the guardians, but was entirely exonerated as the result of an inquiry by the Local Government Board. Subsequently the guardians had endeavoured to determine Dr. Denning's appointment by giving one month's notice in accordance with the terms of the contract he had originally signed. Thereupon a further appeal was made to the Local Government Board, which ruled that the guardians' action determined only that particular contract and did not affect Dr. Denning's tenure of office as workhouse medical officer. This, it was considered, was an important decision, showing that no contract made by Poor Law medical officers with boards of guardians could over-ride the conditions laid down in the Poor Law Orders. It was reported that Dr. Denning complained that the guardians were now endeavouring to insert in the new contract conditions as to hours of attendance at the workhouse which would seriously interfere with his private practice. The council advised Dr. Denning to insist on the retention of the old terms in the new contract, believing that unless the guardians could show that the interests of the sick inmates of the workhouse demanded a change in his hours of attendance he would be supported by the Local Government Board. The Poor Law Orders gave the guardians no right to fix arbitrarily the hours of attendance of the workhouse medical officer.

The Honorary Secretary reported that a request had been made to the Local Government Board by the Poor Law Medical Officers' Association for permission to give evidence before a departmental committee appointed by that Board to revise existing Poor Law Orders. The Chairman of the Committee had invited the association to present a memorandum; such a memorandum, prepared by the Honorary Secretary, Dr. Major Greenwood, with the assistance of Major Thackray Parsons, R.A.M.C., was approved.

In reply to an inquiry, the council expressed the unanimous opinion that the giving of certificates in the case of mental defectives was no part of the ordinary duties of Poor Law medical officers, who were entitled to the same fee as laid down in the Lunacy Acts for lunacy certificates.

It was reported that Sir Arthur Downes had notified that it had been decided to allot two representatives on the Central Council for District Nursing (London) to the Poor Law Medical Service of the metropolis, and the association was invited to appoint another representative; it nominated Dr. A. Withers Green.

## Universities and Colleges.

### UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examinations indicated:

M.B. AND CH.B.—*Fourth Professional Examination, Medical Jurisprudence and Public Health—New Medical Ordinance*: J. Alston, T. Blackwood, J. P. Broom, A. C. Brown, H. D. Brown, J. A. Buchanan, D. Campbell, D. Clyde, D. H. Coats, W. K. Connell, W. G. Cook, J. Crerar, J. F. Duthie, J. Ewing, T. Gray, S. J. Henderson, A. R. Hill, S. Johnstone, F. C. Logan, A. F. McMillan, F. R. Martin, W. H. Palmer, R. Rodger, J. Steel, J. Steele, A. R. Steinberg, G. C. Swanson, H. W. Torrance, R. N. Walker, B. S. Weir, K. J. T. Wilson, Jean L. Hamilton, Margaret J. T. Leitch, Mary A. MacL. MacLean, Margaret K. Mitchell, Mary H. Routledge, Alison E. Wilson. *Third Professional Examination, Jurisprudence and Public Health—Old Medical Ordinance*: M. N. Bhattacharjee, J. W. Dalglish, G. del P. M. Devers, T. R. Fulton, T. P. Hutchison, W. F. Kivlichan, R. W. MacDonald, D. B. McIntosh, W. W. Morrison, W. O'Brien, J. A. Paterson, T. M'S. Wilson, Margaret O'Rourke Gallagher, Mary Scott.

### UNIVERSITY OF LONDON.

#### ENTRANCE SCHOLARSHIPS.

*Guy's Hospital Medical School*.—The following entrance scholarships have been awarded:—Senior Science Scholarships for University Students: C. W. W. Armstrong (£75); H. G. Burford (£35). Junior Science Scholarships: E. H. Roche (£120); R. C. B. Ledlie (Certificate). Scholarships in Arts: H. J. Selby (£100); K. H. Hugh-Jones (£50).

*Middlesex Hospital*.—The following scholarships have been awarded:—Entrance Scholarships: Mr. D. C. Muir (First); Mr. E. W. Riches (Second); Mr. F. S. Coleman (Third). Freer Lucas Scholarship: Mr. R. M. Loyds-Jones. New Zealand Scholarship: Mr. R. Fulton.

*University College*.—The following elections have been made:—Bucknill Scholarship (135 guineas): Mr. J. P. Padshah. Medical Entrance Exhibition (55 guineas each): Mr. H. L. Heimann and Mr. A. B. Saunders. Epsom Free Medical Scholarship: Mr. D. C. Corry.

## VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FIRST M.D. (Part I, *Inorganic Chemistry and Physics*).—Kathleen Doyle, Georgiana M. Duthie, E. Pigott, A. H. Sadek. (Chemistry).—H. D. Preston. (Physics).—Elizabeth C. Davies, J. G. Nolan. (Part II, *Elementary Biology*).—J. N. Laing, F. L. Pickett, H. D. Preston, Ethne Ratner.

## CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

D.P.H.—Mary A. B. Murphy, J. Crockett, W. S. H. Campbell, J. C. Drysdale, K. A. Maclean.

## The Services.

## INDIAN MEDICAL SERVICE.

THE *London Gazette* of September 17th announced the appointment of eight medical men to the Indian Medical Service as lieutenants.

In the *London Gazette* of October 5th these eight appointments are cancelled, and the eight officers concerned are gazetted to temporary commissions instead, as follows:

E. A. M. J. Goldie, May 20th; S. N. Forbes, M.B., June 9th; M. B. Patel, June 9th; N. R. R. Ubhaya, June 14th; C. F. Fernandez, June 19th; A. P. Pestonji, F.R.C.S., June 21st; N. B. Mehta, June 21st; S. S. Mahamudi, M.B., June 24th.

## EXCHANGES DESIRED.

## TERRITORIAL FORCE.

CAPTAIN A. R. PATERSON, R.A.M.C.(T.), attached 14th Dorset Regiment, Ambala, India, wishes to find substitute so as to enable him to transfer to a unit at home or in France. Communications should be addressed to Dr. Le Fleming, Wimborne, Dorset, who will give all details.

TWO LIEUTENANTS attached to the 21st Highland Casualty Clearing Station stationed in Aberdeen, desire exchange with two officers serving in France with Clearing Station, Field Ambulance or Regiment. Apply to Major Innes, 21st H.C.C.S., R.A.M.C., Fonthill Barracks, Aberdeen.

## Medical News.

SIR ALMROTH WRIGHT will repeat, on Saturday and Monday, October 9th and 11th, at 3 p.m. each day, his demonstration given at the Royal Society of Medicine after the opening of the exhibition of fracture apparatus. The exhibition will remain open until Wednesday, October 13th.

FOUR cases of plague and four deaths occurred in Mauritius during the fortnight ending September 30th. In Hong Kong during the week ending October 2nd two cases of the disease and two deaths occurred.

AT a meeting of the Royal Sanitary Institute to be held in the Council House, Salisbury, on the evening of Friday, October 22nd, Dr. Fison, M.O.H. Salisbury, will open a discussion on the recent epidemic of cerebro-spinal meningitis in the city.

THE annual commemoration of the benefactors of the Royal College of Physicians of London will take place on Monday, October 18th, when the Harveian Oration will be delivered by Dr. Sidney Coupland, at 4 p.m. The usual dinner will not be held.

OWING to the enforcement of the so-called eugenics law, there has been a notable decline in marriages in the State of Wisconsin. In consequence, the *Boston Medical and Surgical Journal* informs us, the law has been amended to make its requirements less rigid, and to allow physicians greater liberty in granting certificates.

OWING to the temporary closure of the Hall of the Worshipful Company of Barbers, the first meeting for the new session of the Hunterian Society will be held at the home of the Royal Society of Medicine, Wimpole Street, W., next Wednesday, at 9 p.m. The first Hunterian Society lecture will be delivered by Dr. Samuel West on "Bright's disease in some of its clinical aspects." To this and to all other meetings of the society all members of the medical profession are cordially invited.

THE first meeting of the session of the Medical Society of London will be held on Monday next at 8 p.m., when the incoming president, Dr. William Pasteur, will give a short address, and Professor J. T. J. Morrison of Birmingham, for some time Surgeon-in-Chief, Third Military Hospital, Skoplje, will relate his experiences in Serbia in 1914-15. Among the arrangements for the coming session are discussions on gunshot wounds of the peripheral nerve on October 25th and on gunshot wounds of the head on November 15th.

THE annual report of the Chief Medical Officer of the Board of Education for 1914 (Cd. 8055; to be obtained of any bookseller, price 1s. 3d.) has been issued, and will call for further notice on a future occasion. Meanwhile, we may say that among the subjects dealt with are the school medical service, education and infant welfare, tuberculosis in school children, medical treatment and a special chapter on such treatment in rural areas, dental disease, open-air education, physical training, and the education and care of the crippled child.

EVERY one must admire the courage of Miss Mary Davies in inoculating herself with a cultivation of the bacillus of gas gangrene, and then asking Dr. Kenneth Taylor, of the Ambulance Americaine, Neuilly-sur-Seine, to test a method of treatment by quinine hydrochloride which he had devised. Although the injection was made into the muscles of the leg, Miss Davies was fortunately quite well again in twenty-four hours. Miss Davies is the youngest daughter of the late Sir Henry Davies, K.C.S.I., of Pumpsaint, Carmarthenshire, and for the last five years has been working as a bacteriologist at the Pasteur Institute. Since the war she has assisted Dr. Taylor in his study of gas gangrene. Dr. Taylor came from America some time ago with the intention of joining the staff of the Imperial Cancer Research Fund, but was diverted by the war. We suspect that had he considered it proper to make an experiment on a healthy human being he would not have chosen this particular form. A full account of his investigations would be welcome.

UNDER the auspices of the Chadwick Trust Dr. D. Noel Paton, Regius Professor of Physiology in the University of Glasgow, commenced a course of lectures on food in war time at the Hampstead Central Library on October 4th. The first lecture dealt with food and work; the second, to be given on October 11th, will deal with good and bad food; and the third, on October 18th, with food and drink. The lectures are given on each day at 8.15. On October 20th Dr. R. O. Moon, recently physician to the Serbian Isolation Hospital at Skoplje (Uskub) will begin a course of three Chadwick lectures at the Royal Society of Medicine on typhus in Serbia, in which he will deal with the lessons from previous epidemics, the relation of typhus to plague, relapsing fever, and enteric fever, and will discuss prophylaxis and treatment. Other Chadwick lectures will be given in November by Mr. A. Saxon Snell, F.R.I.B.A., on emergency military hospital construction; and by Mr. W. E. Riley, F.R.I.B.A., on the housing of workers.

SIX demonstrations on the anatomy of the human body, designed to meet the needs of first aid and ambulance students, will be given in the theatre of the Royal College of Surgeons of England, Lincoln's Inn Fields, at 5 p.m., by Professor Arthur Keith, Conservator of the Museum, on the following dates: Fridays, October 15th, 22nd, 29th, November 5th, 12th, and 19th. The demonstrations are open to all men attached to companies of the Royal Army Medical Corps, and to members of ambulance and Red Cross classes. Professor Shattock and Mr. Colyer will also give some demonstrations intended for advanced students and medical practitioners. Professor Shattock's will be given on Mondays, October 18th and 25th, and November 1st, at 5 p.m. They will deal with rickets and cretinism, with foreign bodies, and with actinomycosis and leprosy respectively. Mr. Colyer's demonstrations, at 5.30 p.m. on Wednesdays, October 20th and 27th, to which dental students are specially invited, will deal with injuries and diseases of the teeth of the anthropoid apes, and with irregularities of the teeth in man.

AMONG the many periodical publications published by military units of one sort or another are some issued by the staffs of hospitals. The *Craigleith Hospital Chronicle* was, we believe, the earliest of these periodicals to be founded. It has reached its tenth number and second volume; it presents quite an imposing appearance with its quarto page and its bright cover bearing the Union Jack and Red Cross flags, and a sketch of the building which was the Craigleith Poorhouse until it was taken over by the 2nd Scottish General Hospital. Among the contributors is some one who knows how to make excellent initial letters and tail-pieces. The first number of the *Gazette of the 3rd London General Hospital, Wandsworth*, was published this month. Lieutenant-Colonel Bruce-Porter, the officer in command, begins in it a history of the hospital, telling how it came into being. The number contains a considerable admixture of the humorous and possesses more than one artist of unusual ability. It is edited by Private Ward Muir, R.A.M.C.(T.), and while we do not wish it a long career, we hope it may never fall behind the promise of the first number.