THE X-RAY TREATMENT OF TUBERCULOUS GLANDS.

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The great advantage of the x-ray treatment of tuberculous glands is that it saves the patient the unpleasantness of undergoing in many instances a severe operation. The results are equally satisfactory whether the glands are large or small, numerous or scanty, superficial or deep, because by means of filters the penetrating power of the rays can be controlled, and by using hard tubes those glands deeply situated can be reached. Even when the glands have broken down and are fungating great improvement results, as will be noted in one of the cases, which unfortunately ceased to attend the hospital when showing marked improvement.

It is advisable to use a hard x-ray tube, and it is also necessary to filter the rays through aluminium or felt; I generally filter through 1.5 mm. of aluminium. The current should range from 2 to 3 milliampères, and the rays be applied directly to the affected parts, a suitable lead-glass screen being used of the requisite size. The exposure given should be at any rate one full Sabouraud dose, but in some cases it is advisable to exceed this by about a quarter. Cases may be treated twice a week; most of those reported were only seen once a week or even less frequently, owing to the difficulty of persuading the patients to come to hospital; had the attendances been more regular even more rapid cures would have resulted.

The following is a record of cases recently treated:

1. S. P., aged 10. Large mass of tuberculous glands situated on right side of neck. Treatment was given once a week for seven weeks. At the end of that time all trace of glands had disappeared. A marked improvement was noticed after the fourth treatment. The patient has been seen within the last week and no recurrence has taken place.
2. F. H., aged 1 year 10 months. Mass of fungating tuberculous glands in neck. From December 8th to 22nd four treatments were given, and a very marked improvement noticed. After this the child was not brought back, and on inquiry it was ascertained that the parents could not afford the railway fare to come to hospital.
3. S. M., aged 11. Tuberculous glands in submaxillary triangle; one large mass on the right side $2\frac{1}{2}$ in. by 2 in., smaller mass on left side $\frac{1}{2}$ in. by $\frac{1}{2}$ in. Thirteen treatments have been given during period of two and a half months. Glands have greatly diminished, are softer, and freely movable.
4. M. H., aged 31. Tuberculous glands on left side, very extensive and numerous. Ten years ago the patient had an operation on this side. Since then glands have returned worse than before. Twelve treatments have been given over period of two months. There has been a great improvement, and now only one gland is left.
5. D. O., aged 19. Tuberculous glands; large mass on right side of neck, also large submental glands. Eleven treatments have been given over period of two and a half months, and although the glands are still felt they have diminished in size, are softer, and movable.
6. W. J., aged 7. Tuberculous mass in left side of neck. Five treatments have been given over period of one month, and considerable improvement is noted.
7. H. W., aged 23. Tuberculous suppurating glands in neck. Six treatments have been given over period of one month; the glands have disappeared, and the surface has healed.
8. G. M., aged 11. Suppurating glands in axilla. Two treatments only required for complete dissolution.

SAN FRANCISCO will next year celebrate the opening of the Panama Canal and its own rebuilding after the earthquake by a big International Exposition, during which 226 congresses are to be held. It would seem that the biggest must be the International Congress of Engineers, for at it Colonel G. W. Goethals, the engineer of the Panama Canal, is to preside, it is said, over "25,000 delegates from forty different world nations." The meeting of the International Association of Nurses is to be attended by 6,000 delegates, but apparently they will come from fifteen nations only. The Panama-Pacific Dental Congress "will bring more than 3,000 delegates with a clinic of more than 30 chairs"; eye, ear, and throat specialists are to hold congresses also, and the American Academy of Medicine is to meet in the city during the Exposition, as are also many other societies for the discussion of mental hygiene, tuberculosis, cancer, and many other matters of more or less directly medical interest. Hospital equipments are to be exhibited, and a model emergency hospital is already at work.

A SUSPECTED CASE OF FOOT AND MOUTH DISEASE IN MAN.

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Foot and mouth disease is so rare in man that the following case should be of interest.

The patient was a soldier aged 19, who gave no history of any previous illness. At Kilworth Camp, on March 17th, whilst carrying some boiling water, he fell and scalded his left wrist; later an open septic wound developed. On March 26th—that is, nine days after receipt of the injury—he became aware of burning sensation in the mouth and on his hands, quickly followed by the formation of blisters. He was admitted to hospital on the same day. On the following day his face was flushed and rather congested, the temperature was 101° , the pulse 100, the lips were swollen, and there was a marked vesicular eruption, rapidly becoming pustular, all over buccal mucous membrane. There was difficulty and pain on protrusion of the tongue, which was coated, and on which a few vesicles were seen. The breath was very fetid, salivation free, and the speech thick; the nasal and conjunctival mucous membranes were clear. There was a well-marked vesicular eruption on both forearms, wrists, and hands, extending between the fingers and to the sides of the nails; the palms were most affected; the feet were also implicated, but not to such a marked degree. The eruption was primarily vesicular; the vesicles varied in size from that of a mustard seed to a sixpenny piece, were situated on a hyperaemic base about one-eighth of an inch in width, showing no tendency to coalesce; they were larger on the forearms than elsewhere. They caused a burning sensation, and

were tender on pressure; no itching. The bowels were constipated; otherwise there were no other gastro-intestinal symptoms. The heart, lungs, and abdomen normal. All superficial reflexes were very brisk. During the next three days the rash became more pronounced; a few isolated vesicles appeared on the face, neck, abdomen, and thighs. The mouth was very sore, the vesicles having coalesced, ruptured, and given rise to shallow ulcers, with yellow sloughy bases, the mucous membrane of the lips had the appearance of one continuous yellow slough, the margins of the lips were crusty and dry; there was no excessive secretion of saliva. There was great difficulty in taking fluid nourishment, but no pain on swallowing. The vesicles on the extremities showed no tendency to pustulate, and there was no involvement of lymphatic glands. Serum from vesicles revealed no organisms; a few polymorphs were found. There was no leucocytosis; eosinophilia was present to the extent of 10 per cent. The urine was high coloured, acid, specific gravity 1027, cloud of albumin, no deposit, nil microscopically.

The temperature, which had remained at 101° , fell on the sixth day, to continue normal.

Convalescence was uneventful. The serum in the vesicles became absorbed, and the skin scaled, leaving faintly pigmented areas. The albuminuria disappeared.

The reasons for suspecting this case to be one of foot and mouth disease are:

1. The disease followed the course of an acute specific fever, its toxæmic origin is shown by the distribution of the rash, the presence of albumin in the urine, and the temperature.