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.

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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