When in use the apparatus is hung on a hook above the baby's body, or it may be put on a suitable stand.

A few words may be added as to the sterilization of the instrument, and the method of using it. To sterilize it, I keep it always full of formalin solution, 1 in 250, and wash it out immediately before use with hot sterile saline and then fill it up with fluid for use. The rubber tubes, cork, glasses, and needles, are all boiled.

The method of infusion which I adopt is to fill the flask with saline at a temperature of 135° F. and allow it to flow at the rate of 8 oz. an hour. This insures the infants getting saline at a temperature of 104° F.

In conclusion I would say that I do not for one moment suggest that this instrument is in any way perfect, but I claim for it that it is a decided improvement on all others, and that it does actually deliver the saline solution hot, which is, after all, the most important point.

PAINLESS SWELLINGS OF THE PAROTID SECONDARY TO LOCAL SEPSIS.

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THE following cases, although occurring in natives, I think are worthy of note, as they are associated with some peculiarities not commonly found in other inflammatory conditions of the parotid.

CASE I.

An Indian female, aged 18, was admitted on April 26th, 1911, with a soft, painless, oedematous swelling in the region of both parotids, which was most marked between the lobe of the ear and the angle of the lower jaw. The temperature was 98.6°, the pulse 82, and the breath extremely foul. No other signs were discernible. On May 2nd the patient complained of toothache, and I found the gums red and puffy. A few days afterwards they became more spongy, marked pyorrhoea was evident, and the teeth were loosening. I gave the patient pil. calcium sulphide, gr. ij, t.d.s., with a mouth-wash of potassium permanganate. The gums began to improve, and the swelling of the parotids completely disappeared by May 21st.

CASE II.

A native male, aged 16 years, was admitted May 12th, 1911, complaining of a sore throat and swelling in the region of both parotids. The swelling was soft, puffy, and painless, and most marked between the lobe of the ear and the angle of the jaw. The submaxillary glands on both sides were enlarged. The patient had definite follicular tonsillitis, the right tonsil being much the worse of the two. This corresponded with the larger swelling of the parotid on the right side. The pulse was 84 and the temperature 98.4°. Treatment consisted in gargles, a tonic containing iron, and fomentations to the swellings. The patient left hospital on May 21st cured.

CASE III.

A native female, aged 2 years, was admitted May 23rd, 1911, with a swelling in the region of the left parotid and a discharging sinus behind the same ear. The swelling was soft, oedematous, and painless. Facial paralysis was marked on left side. The temperature was 95° and the pulse 120. The mastoid was opened and drained. The parotid swelling disappeared a few days afterwards.

In each of the cases a definite cause could be assigned—namely, sepsis from neighbouring parts. One would expect some pain to have been present in the parotid swelling, but this was entirely absent. In all three cases that part of the gland which lies in front of the lobe of the ear and the angle of the lower jaw showed the largest amount of inflammation. The character of the swelling did not simulate that of mumps or that due to the more severe forms of inflammation. Fever was entirely absent in all three cases, and the condition quickly subsided after treating the septic focus.

THE Far Eastern Association of Tropical Medicine will hold its second biennial congress at Hong Kong in January, 1912 (20th to 27th), under the presidency of Dr. J. Mitford Atkinson. The work is arranged in the following groups: (1) Protozoology, helminthology; (2) cholera, plague, leprosy, tuberculosis; (3) tropical fevers, malaria, beriberi, dysentery; (4) surgery, obstetrics, infantile diseases; (5) climate, hygiene, sanitation. Dr. Francis Clark, of Hong Kong, is secretary-treasurer general.

SEVENTY-NINTH ANNUAL MEETING

OF THE

British Medical Association.

Held in Birmingham on July 21st, 22nd, 24th, 25th, 26th, 27th, and 28th.

PROCEEDINGS OF SECTIONS.

SECTION OF NEUROLOGY AND PSYCHOLOGICAL MEDICINE.

EDWIN GOODALL, M.D., F.R.C.P. Lond.,
President.

PRESIDENT'S INTRODUCTORY REMARKS.

THE President, after a few initial observations, opened the work of the Section by reading a paper on the possible relation of toxins to certain forms of insanity.

THE POSSIBLE TOXIC ORIGIN OF SOME FORMS OF INSANITY.

By EDWIN GOODALL, M.D., F.R.C.P. Lond.,
Medical Superintendent, Cardiff Mental Hospital.

It is well known that mental disorder can be produced by intoxicants (alcohol, cocaine, hashish). It also occurs in connexion with such diseases as influenza, erysipelas, pneumonia, typhoid. When so occurring it cannot be always explained as due to fever or exhaustion, since it comes on in the prepyrexial stage (as in typhoid, variola), or the apyrexial stage (as in malaria). In these cases the mental disorder must be ascribed to a toxin.

The clinical and anatomico-pathological descriptions of various writers (Martin and Ringenbach, Franca and Anthias, Spielberger, Mott, etc.) show a considerable resemblance between the symptoms due to the trypanosome-toxin and those present in paralytic dementia, and some resemblance in the cerebral lesions. With sleeping sickness there is more fever. No remissions occur, I believe, in this disease, in striking contrast to general paralysis; on the other hand, I believe there is a lymphocytosis in it. As to the occurrence of the same in paralytic dementia, *vide infra*.

That acute delirious mania, acute hallucinatory and confusional states are due to toxæmia is freely assumed, but has not been demonstrated.

Most of the observations as regards micro-organisms in the circulation in mental diseases are isolated and unsystematic. Most of the cases I have personally examined gave negative results, but I have found diphtheroids and cocci in general paralysis, acute delirious mania, and acute mania and melancholia. In these cases there was no known source of secondary infection. The organisms found in the blood and cerebro-spinal fluids by various workers are bacilli, including diphtheroids and *B. coli*, diplococci, short chains of streptococci. Acute delirious mania has been especially investigated, and by Italian workers (Rasori, Ceni, Bianchi, Piccinino). Workers in this country on the subject of the circulation of micro-organisms include Lewis Bruce, Ford Robertson, McRae and Jeffrey, Candler, Marr, Muirhead; in America, Gay and Southard. The three last-named writers have published the most systematic work I am acquainted with.

Summarizing the work of the past twenty years, I should affirm that there are no adequate grounds for believing that the organisms which have been found in the tissues in any case of insanity play more than a secondary rôle. At the same time, they frequently cause death. (We fall victims, it has been said, most often to our secondary