narrowing immediately anterior to the nucleus. The cytoplasm was relatively clear, and showed an alveolar structure. The posterior end was usually blunt, and the large rounded blepharoplast was terminal or nearly so. The undulating membrane was poorly developed, so that the flagellum ran usually along the body in a more or less straight line, and there was always a long free portion to the flagellum. The nucleus was long, oval, and often divided into several pieces.

A hundred trypanosomes taken as they came from each of the films were drawn with the aid of a camera lucida and measured (see Table I). Of these 200 parasites the longest measured 24μ , the shortest 18μ , and the average worked out at 20.7μ . The numbers of trypanosomes of each length were almost exactly the same in

the two films. These measurements indicate clearly the monomorphic character of the parasite.

In order to emphasize the profound difference between this trypanosome and the organism usually found in

human trypanosomiasis (*T. gambiense*), I have plotted as curves the measurements of length by percentages in Chart I, and have added as contrast those for *T. gambiense*, as given by Stephens and Fantham.

The morphology of this trypanosome very closely resembles that of *T. vivax*. The small number of measurements that have been made so far suggest, however, that it is a little smaller, the crest of the curve occurring at 21μ instead of at 23μ . The trypanosome appears, indeed, to be intermediate between

T. uniforme and *T. vivax* as regards its morphology, but further examinations will have to be made before any definite conclusion can be arrived at.

T. vivax is an exceedingly common parasite of domestic animals in West Africa, and was found in no less than 76 per cent. of the hump-backed cattle examined by me at Accra. It would therefore be a serious matter if this species were proved to be pathogenic to man. Further investigations are in progress, and it is still possible that the strain may be obtained for laboratory experiments, although as the patient has been apparently free from parasites for a long time the chances are not very great. Meanwhile, as I expect to be leaving the Gold Coast almost immediately, this preliminary note is published in order to draw attention to the fact that there is in West Africa a species of monomorphic trypanosome capable of infecting man.

CHART I.—The distribution according to length of *T. gambiense* (continuous line), and the monomorphic trypanosome (broken line) found in the blood of a native of the Gold Coast.

TABLE I.—Measurements of Length of the Monomorphic Trypanosome found in the Blood of a Native of the Gold Coast.

Materials.	Number Measured.	Lengths in Microns.							Average Length in Microns.
		18	19	20	21	22	23	24	
First specimen ...	100	3	14	25	37	17	3	1	20.6
Second specimen ...	100	1	13	23	39	16	5	3	20.8
Totals ...	200	4	27	48	76	33	8	4	
Percentages ...		2.0	13.5	24.0	38.0	16.5	4.0	2.0	20.7

THE SIGNIFICANCE OF THE LYMPHATIC GLANDS SITUATED ON THE ANTERIOR SURFACE OF THE ATLAS.

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ONE, perhaps, of the commonest places for tuberculous lymphatic glands is just below the angle of the jaw—that is to say, at the upper part of the anterior triangle. The reason for this is probably to be found in the greater readiness with which they are infected by lymphatics passing from the mouth, and more particularly from decayed molar teeth. But the tonsils and upper parts of the pharynx may also be regions from which septic matter may be conveyed. From whatever source, however, derived it is certain that the infection very frequently extends not only to the more superficially situated glands but to those lying deep in the cervical region, as deep as the transverse process of the atlas.

The clinical significance of this implication of the deeper glands lies in the fact that treatment applied solely to the superficial ones will leave the deeper still untouched and a probable source of future trouble. It is a very common experience to be asked to deal with a "sore" in the upper part of the neck that will not permanently heal. The story usually obtained is that a glandular abscess has been opened, and possibly its walls scraped; that the wound healed but then broke down, and a small discharge ensued for a time, followed again by healing. This ding-dong condition of matters goes on for months, until the case at last comes into the hands of the operating surgeon for radical treatment. What is then found is that a circuitous sinus conducts down to a caseating and suppurating gland lying on the transverse process of the atlas. After this has been removed permanent healing takes place.

It is often solely for desired cosmetic effects that the practitioner is tempted to make a small incision into the superficial, enlarged, suppurating glands; and possibly he puts in a small drainage tube or lightly stuffs the cavity. His chief object is to produce as small a scar as possible. But, considering the protracted course which the condition is only too likely to take, there can be but little doubt that the best cosmetic results are obtained by the radical treatment—that is to say, by a free incision and a complete extirpation of the deep-lying glands. The dissection is often by no means easy, and, although quite free from danger in experienced hands, it should not be lightly undertaken. Both the jugular vein and the spinal accessory nerve are liable to be implicated; and when there is much in the way of periglandular inflammation and adhesions, one or the other, without due care, may be injured.

DEATH AFTER SALVARSAN.

BY

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I AM much obliged to the Director Medical Services in India for permission to publish the following case, and to Captain P. Hayes, R.A.M.C., for comments:

A sepoy, K—, aged 23 years, was admitted into hospital on May 22nd, 1916. He had a chancre on the penis about six weeks before, which healed under treatment. There was nothing important in his past history. He was thin and somewhat anaemic, and presented a typical secondary rash on the body, with mucous patches in mouth and general adenitis. Nothing abnormal was detected in the chest and abdomen and the urine was normal. A dose of castor oil was given and he was kept on milk diet. Salvarsan 0.5 gram was given intravenously at 10 a.m. on May 23rd. He had a good deal of vomiting and