

crue therefrom. He hoped members of this division would help as much as possible to make the journal "go."

He also pointed out the need of Committee to watch legislation, and what had been done with regard to the Invalid Pensions Act, and said he would like to hear the opinions of members as to the advisability of agreeing to fill in forms for the latter at a reduced fee of 5s.

In reply to a question from Dr. McGowan, he said that the claims of ordinary practitioners were not recognised by the Defence Department for attendance on militia men; that there was no provision as yet for the payment for attendance on cadets for sickness, on injuries received, while under military control; and that he hoped that this coming year there would be an improvement made in the remuneration of medical men for examining men under the new military scheme.

Dr. Morrison said that, as the oldest member of the division, he would like to thank Dr. Fetherston very heartily for the excellent address he had given, and for the great trouble he had taken to be present at the meeting.

The President said that Dr. Fetherston's address had been most interesting and instructive, and he felt sure it would bring forth much good fruit. He moved a vote of thanks to Dr. Fetherston, which was passed most heartily.

The President then asked permission of the meeting to elect a representative for the "Journal" without preliminary notice. Granted.

Dr. J. Mitchell then moved: "That the Hon. Secretary of this division be asked to undertake the duties of literary representative of the "Australian Medical Journal." Seconded by Dr. Champion. Carried.

The members having signified their approval of the accommodation, it was decided to accept the Y.M.C.A.'s offer, and engage the room. The meeting terminated with a supper.

A CASE OF ACTINOMYCOSIS.

BY CHAS. E. DENNIS, M.D.

(Hon. Skiagraphist Ballarat Hospital.)

This case seems worth reporting if only on account of the rarity of the affection in this country.

C., middle-aged labouring man, came to me on June 17th, 1911. He had been troubled for about twelve months with a small suppurating focus, just in front of the right ear and below the temporo-maxillary joint. It had, he said, kept discharging and then apparently healing up only to discharge again.

On inspection there was a small pus discharging spot in the centre of an indolent bluish-red inflammatory area.

The patient had very bad carious teeth, and said he had a habit of constantly chewing straws and grass stalks, and had had toothache in the upper jaw on the effected side before the sore appeared.

There did not, however, appear to be any deep tenderness or pain in the bone, when he came to me.

On pressure a little thin pus exuded with a tiny granule in it, which, on microscopical examination after staining by Gram's method, was seen to be an actinomycotic granule. Under local anaesthesia Dr. McGowan thoroughly curetted the sinus, which was not more than a few millimetres deep, and which was lined with soft indolent granulation. He was put on grs. X of iodide of potash t.d.s., and I irradiated the side with X-rays filtered through screen of aluminium $\frac{1}{2}$ a millimetre thick, giving two full Sabouraud doses, at intervals of a fortnight, the filter preventing any erythema. On August 24th the patient was discharged, all redness and inflammation having subsided, and the thin, barely-visible scar looked quite sound and healthy.

Both Stelwagon and Schamberg recommend the use of the rays in this condition and, I think, Sequeira also.

The small extent of the lesion rendered it easily dealt with.

CORRESPONDENCE.

Cardiac Stethoscopic Signs.

(The Editor of "The Australian Medical Journal.")

Sir.—Dr. W. H. Summons puts forward two hypotheses, one, that the infant who has had heart trouble dies before reaching adult life, and the other that the physical signs change their character. But why is he surprised, as his communication seems to imply, at the second of the two explanations? What else does he expect? Has the human economy such feeble powers of repair, or such inferior powers of compensation, that every pathological change in the tissues, as manifested by "physical signs," whose exact mode of production and correct interpretation in many cases we are ignorant of, as yet, is to persist throughout life and be apparent to everyone armed with a stethoscope? I think all will agree that physical signs in many cases do change or even disappear, but it is nothing remarkable that such should be the case in one organ more than another—it is remarkable only in the fact that it shows how wonderful and how beautiful the life processes are.

It is my opinion, that a great deal too much stress has been laid upon cardiac physical signs, especially in children, a great number of whom show one or more cardiac bruits upon auscultation. A great deal more must be learnt about the mechanism of the production of these sounds before giving them such a high estimate in diagnosis and prognosis as has been usual in the past.—Yours truly,

PAUL G. DANE.

Ballarat.

RETROSPECT IN MEDICINE.

Arnetti's Method of Blood Counting in Pulmonary Tuberculosis. Minor and Ringer [Amer. Jour. of Med. Sciences, May, 1911] discuss Arnetti's method of blood-counting in reference to its prognostic value in pulmonary tuberculosis. In this method, developed by its author in Leube's Clinic in 1904-5, the polynuclear neutrophile cells are arranged in five classes according as they contain one, two, three, four or five nuclei. Averaging the findings in a number of normal individuals a normal neutrophilic blood picture is obtained. Arnetti considered the young white cells, those with one or two nuclei, less resistant and less able to combat an infection than the older ones with more nuclei. The writer applied the method to a hundred cases of pulmonary tuberculosis and found that the more severe the case, the greater was the proportion of the cells in the classes with few nuclei. They found that the results of the method were in remarkable agreement with the actual clinical facts, affording a very useful means of drawing a prognosis. Examinations during the course of a case were found helpful in estimating its progress, an unexpectedly bad picture, apparently not justified by the nature of the case being several times substantiated by subsequent developments.

L. S. L.

The Cause and Relief of Pain in Duodenal Ulcer.

[Amer. Jour. of Med. Sciences, May, 1911.]

Pilcher, formerly assistant pathologist in the Rochester Clinic, has examined 100 cases of duodenal ulcer, where the diagnosis was afterwards confirmed by operation. He discusses the cause and the relief of pain in duodenal ulcer in the light of this work and of a series of experimental researches which he has made on the duodenal secretions of dogs. In order to obtain the pure secretion of the duodenum from these animals they were each subjected to the following operation procedure:—(1) Ligature of pylorus, (2) ligature of duct of Wirsung, (3) ligature of duct of Santorini, (4) ligature of common-bile duct (5) gastro-enterostomy 30 c.m. from pylorus, (6) cholecystostomy, (7) ligature of duodenum 15 c.m. from pylorus, (8) duodenostomy. The observations on the quantity, alkali-