Actinomycosis of the Face, Jaw, and Tongue. This is a common location, and a relatively favourable one if the diagnosis is made reasonably early. Huge swelling, with much induration but little pus, fixed to the jaw (usually the lower), but extending widely into the cheek or tongue, with a tendency to form sinuses, characterizes the disease. Given efficient treatment, however, it can usually be controlled though it will be months before the patient is well again.

Jiron quotes the mortality in this situation as 11 per cent; here again the figure is probably too favourable.

Pulmonary Actinomycosis. The fungus may attack the lungs, or appear in the chest wall, forming a spongy abscess. In either case the outlook is very grave. Hodenpyl collected 34 cases, of which 32 died. The duration of life is about six to twelve months.

Jiron reports that cases from the literature show a mortality of 83 per cent in thoracic cases.

Actinomycosis of the Brain. This is rare, and appears to be rapidly fatal.

Actinomycosis of the Skin. This is a favourable location, and though it may be very chronic, the considerable majority of the cases, if treated, are eventually cured.

The Effect of Treatment.—The outlook is most favourable, of course, in situations where a radical removal can be undertaken, but actinomycosis of the appendix has several times recurred in the stump.

Potassium iodide in large doses (240 gr. a day for months at a time) probably exerts a real curative effect, and the United States Commission reported that it cured 63 per cent of cases in cattle. Copper salts, which are very poisonous to algæ and moulds, are recommended both locally and by mouth, but statistics are not available. The best results are obtained by a combination of these methods with surgery.

REFERENCES. *Keen's Surgery*, vol. i, article "Actinomycosis"; Jiron (reference not found; incorrectly given by Keen); A. Rendle Short, *Lancet*, 1907, ii, 760.

A. Rendle Short.

ACUTE YELLOW ATROPHY OF THE LIVER. (*See* LIVER.)

ADDISON'S DISEASE. In gauging the influence of treatment in Addison's disease, it must be borne in mind that periods of improvement occur spontaneously, and may be erroneously explained as due to therapeutic measures. In this connection the generally admitted difficulty in foretelling a successful response to treatment in a given case is significant. Further, as in other grave organic diseases, the administration of "treatment" is often followed by transient improvement, due more to auto-suggestion than to any specific action of the drug.

General Treatment. The avoidance of fatigue and worry is always essential, and in advanced stages absolute rest in bed is most important, to prevent sudden fatal syncope. A patient whom I saw with charac-