

in the *Journal de Médecine de Bordeaux* dentifrices containing salol frequently produce eczema on the lips and in the buccal cavity, extending at times over the face beyond the lips and causing an unsightly appearance and local irritation. In such cases it is necessary for the patient to cease to use dentifrices containing salol, and if this be done the symptoms will soon disappear. Salol readily splits up in contact with moisture into salicylic acid and phenol, and without doubt it is to these constituents individually that it owes its antiseptic properties. The liberation of comparatively large quantities of these antiseptics in the mouth in the free state when repeated once a day or more frequently is therefore liable to produce unpleasant consequences.

SCHOOL CANTEENS.

THE remarkable success of the system of cheap meals for school children carried out at Brighton during last winter under the provisions of Section 3 of the Education (Provision of Meals) Act, 1906, has attracted the attention of the authorities in various parts of the country and deputations from Hastings and Luton have visited Brighton and have made a thorough investigation of the procedure. The Cardiff authorities appointed a deputation some time ago to go to Brighton in order to see the canteens at work, but evidently they are waiting until the cold weather sets in so that they may be able to see the system at work in its entirety. A beginning was made this season with the free meals on Oct. 5th but all the centres will not be at work until the circumstances require it. Full details of what the canteens did last winter in Brighton were given in an annotation in THE LANCET of August 1st, under the heading of "The Body and the Brain," but with the cordial coöperation of the medical officer of health and the school medical officer the work is to be carried even further. The school teacher, who has his class of children under his eye every day, has an excellent opportunity of closely observing the scholars, and any child nominated by the head teacher is to receive special medical examination. Then, too, where the medical officer considers it desirable in the interest of the children's health that a glass of milk should be provided in the middle of the morning school it is to be given at the cost, if possible, of the parents; and, further, a special examination is to be made of certain children with a view of ascertaining to what extent the children show physical improvement as a result of the meals. The Brighton education authority realises the great possibilities in improving the physical development of the nation by exercising the powers at its command. The brain cannot be filled if the stomach is empty; it is in adolescence that the seeds of physical debility, mental incapacity, and all kinds of disease are sown. The stronger and healthier the children are the more able are they to profit by what they are taught in school hours and far better will it be for their ailments to be diagnosed early and to receive special treatment than that they should pass out of school age and transmit their defects to posterity.

THE NOTIFICATION OF PULMONARY TUBERCULOSIS IN THE COUNTY OF MIDDLESEX.

It is now well known that action is about to be taken by the Local Government Board in regard to the notification of consumption by means of an Order to be issued by the Board requiring all Poor-law medical officers, "whether in charge of parochial patients at their homes or in workhouses or infirmaries, when application to this effect is made by the medical officer of health for the locality, to send to him the names and home addresses of all parish patients suffering

from pulmonary tuberculosis, and to do so within 48 hours of the discovery of the nature of each case." It is interesting to record that on the recommendation of Dr. C. W. F. Young, medical officer of health of the county of Middlesex, after consultation with his local medical officers, the Middlesex county council adopted a somewhat similar plan, which has been in operation since March of this year and has resulted in the notification of 99 cases of pulmonary tuberculosis admitted as in-patients to the Poor-law infirmaries. The county council has been assisted in this by the various boards of guardians, all of which except three have consented to supply the council with the names and addresses of such patients in their infirmaries. This information has then been forwarded to the medical officers in charge of the districts whence their patients came, and they were thus able to take necessary precautions of disinfection and so on. These facts are embodied in a report presented recently by Dr. Young to his council, which also contains information upon the steps taken by various local authorities in the county to lessen the spread of the disease by voluntary notification and otherwise.

GANGRENE OF THE EXTREMITIES AFTER PNEUMONIA.

IN the *Glasgow Medical Journal* for August Dr. A. N. McGregor has reported a case of a very rare sequel of pneumonia—gangrene of an extremity. A lad, aged 18 years, was admitted into the Glasgow Royal Infirmary on May 9th suffering from gangrene of the right hand. He had always had good health until Jan. 10th when he was attacked with pneumonia. After a week the nail of the right little finger became black and the discolouration spread up the finger. Then the first and third fingers, the thumb, and the middle finger were affected in turn. About three weeks after the commencement of the gangrene a crack appeared in the web between the thumb and first finger, and the surrounding skin became black and burst with discharge of black pulpy material and blood. This place dried up and the thumb became fixed so that it could not be abducted. The attack of pneumonia was so severe that the patient's medical attendant did not expect him to recover. After the crisis he observed that the fingers of the right hand became white and cold and soon black. He could feel the pulse in the brachial artery but not below its bifurcation. The patient lay mostly on the right side and was so weak that he could not alter his position. On examination all the fingers of the right hand were gangrenous and partially flexed. In the little finger the gangrenous portion was desiccated and the line of separation extended to the bone at the middle of the first phalanx. In the third finger the unguis phalanx was gangrenous, in the index the two distal phalanges, and in the thumb the distal half of the unguis phalanx. At the tip of the middle finger was a scar. The web between the thumb and metacarpal bone was destroyed and its place was taken by a scar. The right ear and right forearm showed scars indicating recent pressure sores. Over the right lung behind percussion was impaired and the vocal fremitus and respiratory murmur were diminished. Amputations of the fingers were performed above the gangrene so as to allow the stumps to be covered with skin. Very little hæmorrhage occurred. The gangrene may have been due to embolism or thrombosis. Its peculiar distribution is difficult to explain. The radial and ulnar arteries freely anastomose with each other and with the interosseous arteries, so that if either had been obstructed gangrene need not have resulted, and if it did would have been expected only on the occluded side of the arm. But the sides of the hand were more affected than the centre and the gangrene was most marked in the areas