The case report of J. A., who skinned the beaver, is interesting. At request of Mr. E. he looked over the beaver situation early in the fall of 1938 on West Pass Creek, Sheridan County, Wyoming. Beaver had put in many caches for the winter and prospects looked good for trapping. He worked as a game warden the first three months of 1939. Went to Pass Creek on April 1, and noticed many untouched caches. Found 21 dead beaver both young and old in one and one-half miles of creek, and believed many more died which he did not find; most of them dead for two months. Dead beaver were also found on East Pass Creek, and from an Indian he learned that beaver had died on Lodge Grass Creek, six or eight years ago, from unknown cause. Heard also of dead beaver on Little Horn River and on Goose Creek. On May 20, the beaver trapper wrote: "Was sick in bed with a high fever immediately following the beaver trapping. Then for a long time felt logy and every move cost a great effort. Only now have I begun to feel natural. Had several boils at the time, and what made me think it was the same malady as the beaver was a gathering under the arm pit. But it receded. A number of these beaver had a pus sac in the same place."

At the writer's suggestion a blood sample was taken on July 12 by Dr. Herbert L. Harvey, of Casper, Wyoming, and forwarded to Dr. R. R. Parker, Director, Rocky Mountain Laboratory, Hamilton, Montana. Dr. Parker's report follows:

Antigen-Bacterium tularense	Serum dilutions						
	1 : 10	1 : 20	1 : 40	1 : 80	1 : 160	1 : 320	1 : 640	1 : 1280
B. Tul. ...	4	4	4	4	4	2	..	

4 + = 75 to 100 per cent. agglutination.
2 + = 25 to 50 per cent. agglutination.
Comment: Blood sample from J. A. agglutinates *Bacterium tularense* at a titer of 1 : 640.

The source of infection is uncertain. However, the following facts are interesting. In response to an inquiry on May 31, 1939, J. A. wrote: "There is a scarcity of rabbits on Pass Creek and some of the natives said they found dead ones last summer. The only parasites on these beaver were fleas, a reddish-brown hard-shelled flea which apparently isn't bothered by submersion. They are an annoyance skinning beaver and are not particular what they feed on. The beaver, by their signs, came out of the creeks and had broad trails into the alfalfa meadows where they fed, and if the rabbits were diseased they could have contracted it there." In the fall of the year beaver move about a good deal and this movement might have aided in spreading the infection. It is also possible that the infection was water borne, as suggested by Hammersland and Joneschild.[1] The fact that practically no beaver escaped the infection indicates that water may have been partly responsible for the character of the outbreak.

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[1] *Jour. Am. Vet. Med. Asn.*, January, 1940.

SYSTEMATIC HISTOPLASMOSIS IN THE UNITED STATES

BETWEEN the years 1906 and 1908 Darling[1] in Panama reported at autopsy three cases of a systemic parasitic infection, the causative agent of which he called *Histoplasma capsulatum*. At first thought to be a tropical disease protozoan in nature and closely related to kala-azar, it has since been proved by de Monbreun[2] to be a fungus infection. Subsequently five[1a] cases have been reported from widely separated areas in the United States.

We have had the opportunity of studying a case of histoplasmosis occurring in a colored male adult who was admitted to St. Philip's Hospital in March, 1939. This is the second known case in which diagnosis was made before death. A detailed report of this case, including complete autopsy findings, will be published later.

Due to the fatal termination of the majority of these cases before diagnosis could be established, much concerning the manner of infection, diagnosis and treatment of the disease is still obscure. We believe that histoplasmosis is much more common than the number of published cases would lead one to believe. It is suggested that the findings of an anemia with leukopenia in a weakened, emaciated individual running a septic temperature should lead one to search the blood smears carefully for the parasite-laden monocytes. The enormous number of parasites seen in bone marrow preparations would indicate that sternal puncture studies are diagnostic.

Diagnosis may also be made by culture of the blood on dextrose or blood agar slants. Other media suitable for the cultivation of fungi would probably be satisfactory as the parasite grows readily. Intraperitoneal inoculation of the growth from blood agar slants into guinea pigs produces a typical infection. At autopsy the parasite can be found in abundance in the infected organs.

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[1] S. T. Darling, *Arch. Int. Med.*, 2: 107, 1908.

[1a] Two additional cases in which diagnosis was made at autopsy have been since added to the literature.

[2] W. A. de Monbreun, *Amer. Jour. Trop. Med.*, 14: 127, 1934.

SCIENTIFIC PUBLICATIONS NEEDED IN FRANCE

ALL who can imagine or may remember the isolation