

These measurements are not intended to be absolute, but to give an idea of the general change in size. It appears that the increase is at first rather slow, afterwards becoming more rapid, and reaching its maximum about the twenty-second day, the size being sustained until just before birth. In the later stages of pregnancy the cells are very much crushed together; possibly they are still endeavouring to enlarge, but the connective tissue being stretched almost to the full, they are unable to do so.

#### The Formation of Ova from Interstitial Cells.

About the twentieth day some of the interstitial cells leave their fellows and appear to be pressing towards the periphery, where they become surrounded by connective tissue and pass into a position exactly similar to that of the primordial ova. This process continues more rapidly during the next few days, and multinucleated masses become a marked feature; these are situated near the periphery, and show the same outline as if they had been formed from as many interstitial cells as the mass shows nuclei. Of these last some appear to be undergoing atrophy, whilst one appears to be growing strong at their expense. These multinucleated masses have been noticed by v. Beneden<sup>5</sup> in the bat. We evidently have here a similar condition to that in the young ovum; there the end-product was a primordial ovum; here the end-product will be similar. In ovaries of about the twenty-sixth day and onwards, it is possible to trace all the transition stages of ovogenesis among these cells thus cut off. According to the description of v. Winiwarter, the leptotenic phase is rare, probably on account of its short duration. There are plenty of synaptenic nuclei to be seen, not many pachytene, and the diplotene are not very definite; the dictyate show well.

In connexion with this formation of ova, it may be noticed that the size of a primordial ovum, until it begins to ripen and the follicle begins to grow, does not vary, being about 27  $\mu$ , a size reached by the interstitial cells at about the eighteenth day of pregnancy. The interstitial cells are all potential ova, and during pregnancy the ovary probably shares in the general stimulus, causing the interstitial cells to enlarge in size, some of them undergoing transformation into ova.

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## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

#### ANEURYSM MISTAKEN FOR HARD FIBROMA.

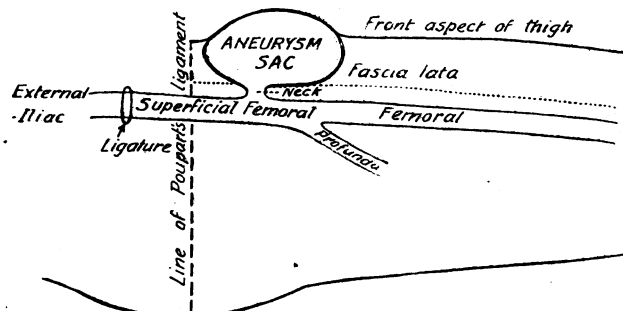
The following case, which I saw in consultation with my colleague, Dr. H. Scott-Russell, of this town, may be of interest as illustrating one of the most serious mistakes in surgery. Its history was as follows:

The patient, the wife of a native minister of Ethiopian persuasion, first noticed a small, hard lump in the groin about ten years ago, painless, but growing slowly until it reached its present dimensions—the size of a coconut. Advice was sought, because pain was present recently and a soft spot was noticed. Upon examination it presented the following features:

The growth was situate in the right groin; it was roughly oval in shape; its long axis in line with the sartorius muscle, of the size noted, its upper portion on a level with Poupart's ligament, its anterior aspect bulging on the front of the thigh. No pulsation could be felt, and the femoral artery could not be located above it. It gave the impression of great hardness, except at one point, where a small fluctuating protrusion existed; it appeared to be fairly movable, except along the line of Poupart's ligament. I concurred in the diagnosis of hard fibroma undergoing in its softer portion some form of cystic degeneration. The operation for its removal was commenced, but in the early steps of enucleation the wall ruptured, and a quantity of black tarry matter

escaped, followed by copious bleeding. It was immediately evident that an old-standing aneurysm had been opened; the wound was at once closed temporarily, pressure applied, a tourniquet placed over Poupart's ligament, and the patient sent into hospital. The treatment decided upon was ligature of the external iliac, with subsequent excision of the aneurysm if feasible. The external iliac was reached in the usual way with little difficulty, its ligature (kangaroo-tail tendon) at once controlling the haemorrhage. The aneurysmal sac was then freely opened up, all clot removed, the sac dissected out from below upwards, and the distal portion of the vessel ligatured. Its formation was as follows:

The greater part of the sac was superficial to the fascia lata, the neck having traversed the facia in the region of the femoral ring, as illustrated in the diagram.



What probably occurred was this:

A small sacculated aneurysm of the superficial femoral, after enlarging in the direction of least resistance, that is, through the cribriform facia, commenced to leak with the formation of a so-called false sac, as described. The points of interest are as follows: The entire absence of pulsation; slow growth; great hardness with softening and fluctuation at one spot, due to disintegration of old clot and the formation of watery fluid—the fact that it had advanced towards a natural cure and then remained stationary until sepsis (several enlarged glands were present in the inguinal region, two of which were breaking down) supervened; the contained clot was like hard putty, inky black in colour and of greasy consistence, except in the softened area described; the error in diagnosis, which, I venture to think, was excusable on our part. Although a definite history of the case was unobtainable, it was probably primarily traumatic in origin, as the external iliac was comparatively healthy. The case is progressing favourably, a good collateral circulation evidently being established and the wound healing by primary union.

Transvaal.

H. J. ORFORD, M.B., B.Ch., M.R.C.S.,  
Consulting Surgeon, Klerksdorp Hospital.

#### A FEW ILLUSTRATIVE CLINICAL NOTES ON THE TREATMENT OF DIPHTHERIA.

In illustration of my article on the Treatment of Diphtheria appearing in the *Practitioner*, April, 1905, the following clinical notes of a few cases may prove of interest:

CASE I.—W. P., aged 7, admitted December 3rd, 1901, on the sixth day of disease with extensive membrane and enlarged glands, and marked toxæmia. First sound impure in pulmonary area.

Treatment.—Antitoxin 6,000 units. Strychnine 42 minims per diem (18 minims hypodermically). This for two days. Then 52½ minims per diem (30 minims hypodermically) for two days. Then 42 minims per diem (20 minims hypodermically) for two days. Then 37 minims per diem (15 minims hypodermically) for one day. Then 32 minims per diem (10 minims hypodermically) for two days. Then 27 minims (5 minims by skin) for a day or two. Then 20 minims per diem by mouth for a week. This patient averaged half a fluid drachm of liq. strychninae per diem for a period of three weeks.

CASE II.—M. C., aged 6, admitted December 4th, 1902, with much membrane, subnormal temperature, rapid pulse, and wax-like pallor; was given 7,000 units of antitoxin in the course of forty-eight hours. She was given 56 minims of liq. strychninae (15 minims hypodermically) the first twenty-four hours; 66 minims the second day (30 minims hypodermically); [owing to her becoming collapsed and almost pulseless, with vomiting; in short, all the signs of fatal toxæmia]. Rectal

feeding was instituted. The following day albuminuria was noted. The strychnine was reduced to  $37\frac{1}{2}$  minims per diem (15 minims hypodermically). This was continued for four days. Then for the next four days she was on 30 minims a day (15 minims hypodermically). Then for ten days on 25 minims a day (10 minims hypodermically). Then for six days on 20 minims a day (5 minims hypodermically). Albuminuria had now disappeared, but the pulse was still 100. During the remainder of her stay in hospital (twenty-four days) she was given an average daily dose of  $22\frac{1}{2}$  minims of liq. strychninae. During a period of eight weeks in hospital this child had over  $2\frac{1}{2}$  fluid oz. of liq. strychninae, or an average of about  $\frac{1}{2}$  gr. strychnine a day for fifty-five days (the textbook limits of adult dosage are from  $\frac{1}{16}$  to  $\frac{1}{2}$  gr. of strychnine), or 11 gr. of strychnine in eight weeks. Another point of interest in this case was that albuminuria was present on admission and continued for nearly three weeks, when the urine became clear for a week. Then albuminuria showed again on December 30th to  $\frac{1}{2}$  albumen, but had disappeared again a week later. The child was forthwith placed on solid food, and thereafter rapidly improved. A further point of interest in this case was that only a year previously this child had a severe attack of diphtheria with laryngeal and pulmonary complications, from which she recovered with the aid of large doses of strychnine.

CASE III.—An adult female, aged 29, admitted late in a severe attack of diphtheria, with much membrane, profuse nasal discharge, marked adenopathy, pallor, and albuminuria. Treatment: Antitoxin 10,000 units, liq. strychninae 48 minims per diem for two days, then 60 minims liq. strychninae with 3lj tinct. ferri perchlor. per diem for a fortnight, then for two days on 30 minims liq. strychninae a day; then for a week again on 60 minims a day; then for three days on 30 minims a day up to the date of her discharge four weeks after admission. At this time albuminuria had disappeared. Though a large amount of albumen was present on admission this patient was given port wine and beef-tea, and a week after admission was given a generous diet, with good results. She was discharged somewhat prematurely from hospital (free of diphtheria bacilli and convalescent) at her own urgent request, as her children were being somewhat neglected at home, but I should have preferred keeping her in hospital for at least a week longer. During her twenty-eight days' stay in hospital she had no less than 1,494 minims of liq. strychninae, or an average of 52 minims, or  $\frac{1}{2}$  gr. of strychnine a day.

CASE IV.—L. C., aged 4 years, admitted to hospital on the fifth day of the disease with much membrane, copious nasal discharge, greatly enlarged glands, extreme pallor, and rapid pulse. It was stated that antitoxin had been given two days previously. On admission, he was given 4,000 units, and a further 2,000 units the following day. He was ordered 24 minims of liq. strychninae in the twenty-four hours and 3jss of port wine; a few days later he was given raw meat juice and increased doses of strychnine. A day or two after admission he developed albuminuria, but the other symptoms improved rapidly. He subsequently had widespread diphtheria paralysis. He was on hypodermics of liq. strychninae for a month. He was in hospital nine weeks, during which time 1,156 minims of strychnine were administered—200 minims hypodermically during four weeks. This small boy thus had in the course of nine weeks  $3\frac{1}{2}$  oz. of liq. strychninae, averaging about 24 minims a day during the whole period of his stay—equivalent to  $\frac{1}{2}$  gr. every day, or over 13 gr. of strychnine in the nine weeks.

I could multiply such instances, but the above are sufficient.

J. T. C. NASH, M.D. Edin., D.P.H. Camb.,  
Medical Officer of Health, Southend-on-Sea; Medical Superintendent, Borough Sanatorium, Southend-on-Sea.

#### ASPIRIN IN RHEUMATISM: A WARNING.

ASPIRIN now enjoys the confidence of the profession to a great extent, and until now I have thought that confidence well placed, but the following two cases make for caution:

I ordered the drug in 15-gr. doses for a patient suffering from severe rheumatism affecting the knee-joints, and two days later she reported to me that after taking the first powder she suffered from violent palpitation, difficult respiration, a feeling of extreme weakness, and gradually approaching unconsciousness, with voiding of dark-green urine. A second powder produced the same effects. One might have attributed this to idiosyncrasy, were it not that another patient, on the following day, had the same symptoms after taking a similar powder. The powder was continued in  $7\frac{1}{2}$ -gr.

doses with good results, but the advantage of aspirin is supposed to be that even in full doses there are no unpleasant symptoms.

Belfast.

H. NORMAN BARNETT, F.R.C.S.

## REPORTS

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

#### GREAT NORTHERN CENTRAL HOSPITAL.

##### A CASE OF GENERALIZED PNEUMOCOCCIC INFECTION.

(Reported by D. A. OGILVIE, M.B., Ch.B. Edin., House-Physician.)

ATTENTION having recently been drawn to the occurrence of generalized pneumococcic infection, the following case is, I think, worthy of record:

On February 7th, 1905, the patient, a young policeman, aged 22 years, in robust health, except for a nasal catarrh of some two months' duration, had a rigor on returning from night duty, quickly followed by pain in the right side of the chest. He was admitted to the Great Northern Central Hospital on the afternoon of the same day.

*State on Admission.*—It was then noticed that he had a suffused colour; temperature,  $102^{\circ}$ ; pulse, 120; respirations, 30; and the *adæ nasi* were active. He had a short restrained cough accompanied by some viscid rust-coloured sputum. On examining the chest nothing whatever was detected, nor did the other systems throw any light on the condition. The urine was high-coloured, specific gravity 1027, and contained no albumen. The sputum on examination was found to contain the pneumococcus.

*Diagnosis.*—The case was put down as one of lobar pneumonia without localizing physical signs and was treated accordingly.

*Progress.*—Two days later (February 9th) some loss of resonance on percussion with increased vocal fremitus was detected at the right base, extending upwards as high as the angle of the scapula and forwards into the inferior axillary region. The breath sounds over this area were slightly diminished. The temperature had now reached  $105^{\circ}$ , the pulse and respiration rates remained as before. On the 11th the percussion note was still further impaired, vocal fremitus was diminished, and the breath sounds had become less audible, except in a limited area just above the angle of the scapula where distant tubular breathing was heard.

*Exploration of Chest.*—An exploring needle was introduced in the ninth interspace, and some slightly turbid serous fluid was withdrawn. This, on microscopic examination, showed the presence of a coccus in large numbers, chiefly in pairs, but here and there in chains of four or six. The diplococci were lance-shaped, and showed good capsules on staining by hot carbol-fuchsin. The organism was therefore the pneumococcus.

*Further Progress.*—On the following day the dullness had become absolute, and extended well up to the apex behind and as high as the third interspace in front. Above this level there was marked *skodæ resonance*. There was now considerable dyspnoea and cyanosis, which was temporarily relieved by the inhalation of oxygen. Later in the day dyspnoea was again in evidence, and was relieved by the withdrawal of 27 oz. of fluid from the right chest, similar to that obtained by the exploratory puncture. He now complained of pain in the left side of the chest, and on auscultation loud, coarse friction was heard in the inframammary and inferior axillary regions. This was followed by signs of effusion, as on the right side, and a pint of similar fluid was withdrawn three days later. An additional 34 oz. had been removed from the right side in the meantime, but it was now found that the relief experienced was very slight indeed. The patient was now suffering from extreme dyspnoea and marked cyanosis, and the pulse, which during the first few days of the illness had maintained good volume and tension, became very soft and dicrotic.

*Result.*—He died early on the morning of the 16th, nine days after the onset of the illness.

*Post-mortem Examination.*—At the necropsy it was found that there was turbid fluid in both pleuræ, the surface of which were covered by large patches of fibrin. The lower lobe of the right lung was consolidated and compressed, sinking in water, while the rest of the right lung and the whole of the left were deeply congested and very oedematous. The pericardium presented the typical bread-and-butter appearance of a recent pericarditis, and a little serous fluid was present. Small recent vegetations were found on the mitral cusps, and a rubbing from these revealed the presence of abundant pneumococci. It is thus seen that the infection involved the lung, both pleuræ, pericardium, and endocardium.

*REMARKS.*—In the light of these facts treatment was obviously hopeless, so I refrain from remarking on it. Anti-

## MEDICAL NEWS.

WE have received, through the courtesy of the Registrar of the General Medical Council, the volume of the *Minutes* of the Council and of its various Committees from January 1st to May 27th, 1905. The minutes themselves occupy 156 pages, and there are seven appendices filling 138 pages, making a total of 294 pages.

THE annual meeting and dinner of the Brussels Medical Graduates' Association will be held on Thursday, July 13th, at 7 p.m., at the new Gaiety Restaurant, under the presidency of Dr. F. R. Miller. Members desirous of attending are requested to notify the Honorary Secretary, Dr. Edwards, Camberwell House, S.E.

At the meeting of the Pathological Society of London to be held at the laboratories of the Claybury Asylum this day, Saturday, July 1st, papers will be read by Dr. Mott on the nervous system in trypanosomiasis, and on histological changes in the brain in dementia praecox and dementia paralytica; by Dr. Watson on comparative anatomy of the cerebral cortex; by Drs. Farmer, Moore and Walker on the cytology of carcinoma; and by Dr. Ledingham on a case of leukaemia treated by x rays.

DISEASES OF OCCUPATION.—M. Dubief, the French Minister of Commerce, who is a member of the medical profession, has introduced into the Chamber of Deputies a Bill relating to diseases of occupation. The Bill consists of forty-seven clauses, arranged under five headings. The first defines the scope of the Act, and fixes, in the case of the industries to which it applies, the indemnities to be paid in case of illness. The second and third respectively deal with the organization and working of local Friendly Societies and Central Guarantee Syndicates, their liabilities and their resources. The fourth is devoted to local Arbitration Committees and the Superior Committee of Diseases of Occupation which are called upon, from different points of view, to ensure the smooth working of the Act. Under the last heading are set forth the penalties for breach of the provisions of the Act.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.—The sixty-fourth annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at 11, Chandos Street, Cavendish Square, London, under the Presidency of Dr. T. Outterson Wood, on Thursday and Friday, July 20th and 21st. The annual business meeting will take place at 11 a.m., and Dr. Wood will deliver the presidential address at 2 p.m., after which Dr. George M. Robertson, Stirling District Asylum, will introduce a discussion on the employment of female nurses for the care of insane men. On Friday, July 21st, at 10 a.m., the question of the treatment of insanity and the proper accommodation to be provided, especially for early mental disorders, will be discussed in view of the introduction of the two lunacy Bills into Parliament; papers will be read by Dr. Helen Boyle and Dr. Milson Rhodes and Dr. Alan McDougall. At 2 p.m. on the same day the question of phthisis in asylums will be brought up for discussion by Mr. George Greene, Claybury Asylum, who will communicate the results of a comparative study of the incidence of tuberculosis in asylums. Papers on other subjects will be read by Dr. Mercier and Dr. Robert Jones. The annual dinner will take place on July 30th at the Whitehall Rooms, Hotel Métropole. Further particulars can be obtained from Dr. Robert Jones, Honorary General Secretary.

BRITISH ELECTRO-THERAPEUTIC SOCIETY.—The annual dinner of the British Electro-Therapeutic Society was held at the Criterion Restaurant on June 23rd, with Dr. Donald Baynes in the chair. The annual report of the Council stated that the total number of members was about 200. The attendance at the various meetings held to read and discuss papers averaged twenty-four. The Council was taking into very serious consideration medical electrical treatment by unqualified persons, and trusted that its efforts would meet with some success during the coming year. In order that the medical profession might be aware that there is a body of medical practitioners who make electro-therapeutics their special study, a list of members of the Society, with the names of the towns in which they reside, would be forwarded to any registered medical practitioner who applied to Dr. R. Morton, 22, Queen Anne Street, London, one of the honorary secretaries. The Chairman, in proposing the toast of "The British Electro-Therapeutic Society," explained that one of the objects of the Society was to educate the profession in the matter of electro-therapeutics, and to endeavour to put a stop to the present

encouragement given by prominent members of the profession to the employment of unqualified assistants in the treatment of their patients by electricity and other physical aids. The Chairman condemned in strong terms the action of certain medical men, whose names were read out, in allowing themselves to be advertised on a circular as recommending a person who treated with light baths gout, obesity, rheumatism, lumbago, many forms of nervous troubles, cases of physical exhaustion, and general debility and sciatica. The Chairman concluded by observing that the medical men in New York interested in electro-therapeutics were securing their proper position by the foundation of a post-graduate school of physical therapeutics where the teaching was conducted by recognized medical authorities. The toast was responded to by Dr. Lewis Jones, who said that the efforts of the Society must be directed towards raising the position of electro-therapeutics to a higher level. It was not sufficient to be able to give an electrical administration to a patient which was comforting and of use for neurasthenia or debility; but they must treat serious diseases successfully, and more successfully than they were treated in other ways. By that means he foresaw that they would hear less and less of quackery. He was sorry to say that a circular had been issued from Guy's Hospital Electrical Department offering to treat patients for an indefinite period for £6. The toast of "The Officers," submitted by Dr. Sibley, was acknowledged by Dr. Reginald Morton, and after Dr. Reid had proposed "The Visitors," which was responded to by Mr. Douglas Story, the proceedings terminated.

THE PREVENTION OF DEGENERACY.—Dr. R. R. Rentoul recently delivered an address on degeneracy, its causes and prevention, at Leicester. Alderman Dr. George Clifton, J.P., Chairman of the Leicester Medical Union, who presided, said that in olden times the weakest went to the wall as a rule, and died and became extinct, but under the new régime and the new law a weaker type of the human race persisted, and had become a prolific source of danger to the community at large. Any one who had anything to do with the lunacy laws, with the police-courts, or with educational committees, must feel that if something were not done soon, especially in countries like England, they would find a very great difficulty in preventing degeneration all round. Looking over the whole question, he thought the time had come when they might get some information, and he had therefore invited Dr. Rentoul to give his view of the remedy for degeneracy. Dr. Rentoul said that he pleaded on behalf of the infants and children of the future—the "coming race"—as one deeply interested in the prevention of the cursing of unoffending children with some mental or physical disease, which he regarded as the highest form of torture and cruelty. No person, whether sane or insane, had a right to beget diseased children; every child had the right to be healthy. The present plan of selection in marriage was artificial, and seemed to be more based on questions of property than sound breeding. He considered that the chief questions must be, Could the physical and mental breed of the coming race be improved? and, Was it justifiable to allow certain degenerates to marry? He argued that the law must enact that when any person intended to marry, such person must undergo a thorough examination by a medical practitioner, who would, if the person was mentally and physically healthy, grant a pre-nuptial certificate of good health. Secondly, if any official granted a permit to marry without the production of a health certificate, or if any person joined in marriage those who had not this certificate, such person should be fined up to £500, or be imprisoned for not exceeding ten years. Thirdly, if persons wishing to marry failed to obtain this certificate of health, and insisted upon marrying, they must present a certificate stating that they had been rendered incapable of begetting offspring. There were two causes of the increase of insanity in this country which had not received proper consideration—the emigration of healthy stock to other countries, leaving the degenerate at home, and immigration into this country of the alien insane, criminal, pauper, and immoral classes. America and Canada managed better. During the last twelve years America had arrested and deported the following immigrants:—Idiots, 52; lunatics, 208; paupers likely to become a public charge, 32,422; suffering from loathsome or contagious disease, 5,529; convicts, 167; prostitutes, 117; anarchists, 1; and polygamists, 7. Dr. Rentoul concluded by describing surgical and other methods of sterilizing degenerates.

operation of three classes of persons—practical workers, scientific experts, and politicians.

The LORD CHIEF JUSTICE, who seconded, spoke of the debt of gratitude which was owed to the University and other missions and of the necessity of affording to young people better opportunities for physical development and innocent recreation.

This resolution having been carried, Sir WILLIAM BROADBENT moved a second resolution approving of the Federation. He claimed for the medical profession that it had been the pioneer in such work, and that the labours of the public health service had saved many lives. He dwelt on the importance of mothers nursing their infants, as the future welfare of the child might be determined during the first few weeks of life. He also paid a tribute to the excellent work done by existing societies.

The resolution was seconded by Mr. Alderman and Sheriff STRONG, supported by Mrs. BRAMWELL BOOTH and Mr. HALDANE, and carried.

A vote of thanks to the Lord Mayor, proposed by Sir J. CRICHTON-BROWNE, seconded by Mr. COMPTON RICKETTS, and supported by Sir LAUDER BRUNTON, brought the meeting to a close.

### THE PREVENTION OF CONSUMPTION.

#### NORTHUMBERLAND.

THE annual meeting of the Newcastle-upon-Tyne and Northumberland Branch of the National Association for the Prevention of Consumption and other forms of Tuberculosis was held on June 20th in the College of Medicine, Newcastle. Lord Armstrong, the President, was in the chair, and among those present were Mr. Crawford Smith, M.P., Sir George Hare Philipson, Sir Isambard Owen, and many other members of the medical profession.

Dr. Ogden (the Honorary Secretary) read the report of the committee which stated that a year ago the sanatorium scheme was in its infancy; at the present moment the erection of the sanatorium was progressing steadily, and, if only the necessary funds were forthcoming, the building would be ready for occupation by the end of this year. The treasurer's report stated that with regard to the sanatorium fund, which was opened between two and three years ago, it now amounted to £14,500. A sum of at least £21,000 was required to complete and equip the sanatorium near Barrasford for even fifty beds. Lord Armstrong, in moving the adoption of the report, said the principal thing in it was the starting of their new county sanatorium, and he was glad to think that a very considerable advance had been made since they met together a year ago. They had now got the site conveyed to them, they had got the foundations of a new building almost completed, they had found a bountiful supply of water, and he trusted that, above all, when they next met, the sanatorium might be in full working order. At the same time they were much exercised in their mind at the lack of funds for the completion of the building. He had pleasure in announcing that Messrs. Lambton had most generously come forward and promised £250 towards the £7,000 required. The report having been adopted, the President, Vice-Presidents, and officials were reappointed. Sir Isambard Owen then delivered an address on consumption. The real principle of the open-air treatment was nothing but the application of sound hygienic principles and a method of common sense to the treatment of the disease. They could not say that every patient in an open-air sanatorium was going to be cured, but they did say that if the disease was detected earlier, and put under proper conditions, there was a fair hope of recovery for the patient. And if the disease had got a rather greater hold on the patient, still in the comparatively earlier stages of the disease there was a fair prospect that under proper conditions he might be restored to what the Germans called economic health, that was a condition of health in which he might resume his occupation if it was not laborious. The Germans said they got at least 70 per cent. of these economic cures out of their sanatorium system. Sanatoriums for consumption, either here or elsewhere, were not, properly speaking, matters of charity, but matters of economy. On the grounds of economy and of the preservation of the health of the community he urged them all to carry out this scheme of the Association.

THE prizes gained by the students at St. Bartholomew's Hospital Medical College will be distributed at 3.30 p.m. on Wednesday, July 12th, by Lord Ludlow, Treasurer of the hospital.

### CONTRACT MEDICAL PRACTICE.

#### NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

*A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 78.*

## SPECIAL CORRESPONDENCE.

### VIENNA.

*The New Dean of the Medical Faculty.—Ankylostomiasis amongst Labourers.—A Case of Poisoning by Gas.—Post-graduate Lectures.—The Sale of Patent Medicines.—Enlargement of the Hospital of the Brothers of Mercy.*

PROFESSOR EMIL ZUCKERKANDL, who holds the Chair of Anatomy formerly occupied by the famous Hyrtl, has again been elected Dean of the Medical Faculty in Vienna for 1905-6. He was called to this post of honour six years ago for the first time, and has gained the esteem of his colleagues and the love of the students in such a degree that after the prescribed lapse of time he was asked again to give his valuable service to the University. Zuckerkandl is the author of many original works on the anatomy of the nasal sinuses, the histology of the bowel, and the brain.

The increase of ankylostomiasis amongst coal and iron miners in Germany and Italy has induced the Ministry of the Interior to direct its attention to the sanitary conditions of Austrian mines and tunnel works. Up to June 1st 6,820 people employed in 512 different establishments were examined. Only 45 of these were found to be suffering from ankylostoma duodenale or taenia. It was shown that nearly all of them had been employed within the last three years in one or another of the infected places abroad. The majority of the cases were found amongst the labourers on the Trans-alpine railway line now in course of construction. They come mostly from Italy, are very filthy and unhygienic in their habits, and are a source of danger wherever they lodge. All 45 were brought into hospitals, where the extract of male fern with calomel was employed to rid them of the parasites. The measures adopted by the Government medical officers seem so far to have been very useful in checking the spread of the disease.

At a recent meeting of the Society of Practitioners in Vienna, Dr. Krumbholz showed a woman, aged 53, suffering from multiple gangrene of the skin and amnesic aphasia, resulting from poisoning by gas. She had been found lying insensible on the floor of her room. She rallied after a venesection, an injection of digitoxin and inhalation of oxygen. Four days later the aphasia began to show itself, and sugar appeared in the urine. At the end of a week the skin of the hypogastrium and of the right thigh became necrotic to such an extent as to make plastic operations and transplantation necessary. The aphasia is slowly improving.

During the months of August and September post-graduate lectures and courses will be held at the University. To these lectures any one holding a medical degree is admissible. The course extends over two to four weeks, two hours daily. Their object is to enable the practitioner to keep in touch with the progress of medicine. The fees vary between £2 2s. and £5. The programme comprises courses in serum diagnosis, haematology, practical applied chemistry, surgery of acute diseases of the ear, the treatment of the frontal and nasal sinus, toxicology, treatment of tuberculosis in all its forms. They are so arranged as not to interfere too much with each other, especially with the courses of different branches, so that it is possible for the student to follow nearly all of them.

A movement has been set on foot by the medical practitioners of Vienna to restrict the sale and prescription of patent medicines and ready-made preparations. It is demanded that advertisements of such medicines should be circulated only through the medical press. It is well known that many people procure medicines, after having heard from a friend that he used it with good effect, without the advice of a doctor. The movement has been responded to by the majority of the profession in a very favourable way. The



Diseases of the Mouth and Pharynx (1892); Diseases of the Mouth, which first appeared in English in *Twentieth Century Practice* (New York, 1896); and Symmetrical Disease of the Lachrymal and Salivary Glands (Mikulicz's disease). Professor Mikulicz was also the author of many chapters and articles on Bergmann and Bruns's great treatise on surgery and of a handbook of practical surgery. He was the editor, in collaboration with Professor Naunyn, of *Mitteilungen aus den Grenzgebieten der Medizin und Chirurgie*.

Professor Mikulicz was one of the foremost among the contemporary representatives of German surgery, and wrote his name deep in the history of his art during the last quarter of a century.

By the death of Dr. GAGE PARSONS, who died on June 2nd at his residence at Cotham, Bristol has lost one of its oldest practitioners. He was born in Bristol in 1818, and received his medical education at St. Bartholomew's and Guy's Hospitals, and at the Royal Infirmary, Bristol; he held the appointments of Class Director of the Bristol School of Anatomy and Medicine in 1837-42 and (temporary) House Surgeon, Bristol General Hospital. In 1849, having diagnosed the existence of cholera, he was made Special Cholera Medical Officer to combat the epidemic; he was afterwards appointed Medical Officer of Health, and received a testimonial from the Mayor and Corporation of the city. He was author of a pamphlet entitled *The Reproduction of Cholera and Typhoid Germs external to the Human Body*, which received much attention at the time, and of contributions to various medical journals. He was a keen theologian and botanist, and devoted much time to these subjects on his retirement from practice in 1888 until the close of his life. He took a constant interest in the progress of medical science, especially bacteriology. As is also well-known in the artistic world he formed a unique collection of pictures. He has left a widow, four daughters, and one son, Mr. James Parsons, B.Sc., F.G.S., who is now engaged in geological and mineralogical research in Ceylon, under the Government Mineral Survey.

WITHIN the last three weeks Sunderland has lost two well-known medical men. A fortnight ago it was our painful duty to chronicle the death of Dr. James Murphy; to-day we have to announce the death of Mr. WILLIAM ALDER from subacute Bright's disease after an illness of four months' duration. About ten weeks ago, acting on the advice of Professor Oliver of Newcastle, he gave up work and went to Bournemouth for rest and in search of health. Three weeks ago, on his way home, he was taken ill in London, where he was attended by Drs. Parry and Allehin for uraemic poisoning. It was with difficulty he reached Sunderland. Here he was attended by Professor Oliver and Drs. William Robinson and O'Hara, but, despite all that medical skill and nursing could accomplish, the malady made rapid progress. Mr. Alder died at his mother's residence in Sunderland on June 19th, at the early age of 38. He was an extremely popular and successful medical practitioner. By his urbanity and by his kindly manner he had succeeded in building up a large practice in his native town. For a period he occupied a seat on the Town Council, and at one time was regarded as a likely occupant of the civic chair. A man of a rather commanding and fine presence, he was a pleasing public speaker. In his private life he was extremely generous. Much sympathy is felt for his parents, who are well known in Sunderland.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have lately died are Dr. Karl Wernicke, Professor of Mental Diseases, and head of the Psychiatric Clinic in the University of Halle, well known by his researches on the regional diagnosis of brain diseases, of injuries received in a bicycle accident, aged 57; Dr. Victor Wehr, Professor of Operative Surgery in the Medical Faculty of Lemberg; Dr. Johann Latschenberger, Professor of Physiology in the Veterinary College of Vienna, and *Privat-docent* in the University, aged 57; and Dr. Leon Hiernaux, Professor of Obstetrics at Brussels, and author of a *Practical Manual of the Art of Midwifery*, published in 1857, and a complete treatise on the same subject which appeared in 1866.

REQUESTS TO MEDICAL CHARITIES.—Mr. Beresford Samuel Cohen, of Bayswater, who died on March 13th, left £200 to the Jews Hospital and Home for Incurables, South Tottenham, and £100 to the Deaf and Dumb Home, Notting Hill, W.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### ROYAL ARMY MEDICAL CORPS.

#### ANNUAL DINNER.

THE annual dinner of the Royal Army Medical Corps took place on Monday evening, June 19th, at the Whitehall Rooms, Hôtel Métropole, the chair being taken by the Director-General, Surgeon-General A. Keogh, C.B.

One hundred and seventy-three past and present officers of the Corps were able to attend, amongst those present being: Surgeon-Generals C. M'D. Cuffe, C.B.; J. Dallas Edge, C.B.; J. H. Jeffcoat; T. Maunsell, C.B.; P. Brooke-Smith; W. J. Charlton; W. J. Fawcett, C.B.; H. S. Muir, C.B.; R. H. Quill; W. F. Stevenson, C.B.; Sir W. Taylor, K.C.B., K.H.P. (late Director-General); Sir E. Townsend, K.C.B., C.M.G.; and Deputy Surgeon-General Don.

Sir E. Cooper Perry, member of the Advisory Board, was also present, as well as Mr. Vesey Holt, as a guest of the Corps.

The toasts were "The King," and "The Queen, the Prince and Princess of Wales, and the other Members of the Royal Family," which were duly honoured.

The band of the Royal Army Medical Corps from Aldershot, under the able conductorship of Mr. Bennett, the bandmaster, attended and played a selection of music during the evening.

The Hôtel Métropole is to be complimented upon the fine display of flowers provided for the table, the appearance of which was also much improved by the Corps' plate kindly lent by the messes at Aldershot and the R.A.M. College.

This annual dinner of the Corps, if judged by the numbers attending, is increasing in popularity; it affords an opportunity for old acquaintance to be renewed and experiences and travel discussed, and undoubtedly does much to foster *esprit de corps*.

### R.A.M.C. VOLUNTEERS.

#### MANCHESTER.

WE are indebted to Captain R. W. Clements, R.A.M.C., for the following notes:

Lieutenant-Colonel Coates has been granted the honorary rank of Colonel.

This corps left Manchester on June 10th for the annual training, the place selected being Windmill Hill, Salsbury Plain, close beside the camp of the Manchester Brigade, the bearer company of which is supplied by this corps. Notwithstanding the uncertain position of Volunteer affairs at the present time, over 650 men and 25 officers attended camp—a fact which is all the more noteworthy when the fact is taken into consideration that only about 60 of this number receive pay as forming a part of the 29th F.A. Brigade. The corps arrived in two special troop trains from Manchester late on Saturday evening, and on Sunday morning, June 11th, the first parade fell in for divine service at 10 a.m. The week's programme, which had been previously arranged by the Commanding Officer, left the first four days entirely to company training under company commanders, and they were devoted to company, stretcher, and wagon drill, bearer-company practice, and first-aid work. Physical drill for about twenty minutes formed part of each early morning parade.

Full equipment for a field hospital and bearer company, as at previous camps, was drawn from the Army Ordnance Department, and the pitching of these, not only by companies for instructional purposes, but also on field days with the brigade, formed a most interesting part of the training. One day was specially set apart by the Brigadier-General for bearer company and field hospital work, with the object of instructing officers of other branches of the Service in the methods of removing wounded from the field, and the disposal of their arms, ammunition, etc., on these occasions. The collecting and dressing stations were under the command of Major B. Mann, and the field hospital under Captain A. T. Lakin.

Colonel Coates, who is a strong advocate of the employment of signallers in connexion with bearer company and field hospital work, had previously arranged with the officers commanding battalions to place their signallers at his disposal, and at the "pow-wow" held at the conclusion of the "battle" it was acknowledged on all sides that the success of the medical arrangements was mainly due to the constant communication kept up between the fighting line and the bearer company and between the bearer company and the field hospital. It is to be hoped that signallers will be eventually included in the *personnel* of the new field ambulance unit,

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF LONDON.

## MEETING OF THE SENATE.

A MEETING of the Senate was held on June 7th.

## Election of Vice-Chancellor.

Sir Edward Busk was elected Vice-Chancellor for the year 1905-6. A resolution was adopted thanking Dr. Philip Henry Pye-Smith for the services rendered to the University during his tenure of the office of Vice-Chancellor.

## Recognition of Teachers.

Mr. Norman Godfrey Bennett was recognized as a teacher of dental surgery at St. George's Hospital.

## Lister Institute of Preventive Medicine.

The Lister Institute of Preventive Medicine was admitted as a school of the University in the Faculty of Medicine for the purpose of research in hygiene and pathology under the terms of the statutes, Section LXXIV.

## Regulations for the M.D. and M.S. Degrees.

It was resolved that in the regulations for the degree of M.D. for internal and external students (*Calendar* for 1904-5, ii, 421, and iii, 38, of the Medicine Section) and in the regulations for the degree of M.S. for internal and external students (*Calendar* for 1904-5, ii, 424, and iii, 40, of the Medicine Section) the words from "But in case" to the end of the paragraph be deleted. The paragraph in question will, therefore, read as follows:

"If the thesis or published work be approved by the examiners, the candidate will be required to present himself at the University upon such day or days as may be notified to him, and shall be further tested, either orally or practically, or by both of these methods, at the discretion of the examiners, with reference both to the special subject selected by him and to the thesis."

## The University College London (Transfer) Bill.

The Principal stated that he had received from the parliamentary agents in charge of the Bill a notification that it had passed all the necessary stages in the House of Lords and was on June 5th read for the second time in the House of Commons without opposition.

## Guy's Hospital Medical School.

A course of three lectures on the pathology of dropsy will be delivered on Tuesday, June 27th, July 4th and 11th, at 4 p.m., in the Physiological Theatre by the Gordon lecturer, Dr. F. A. Bainbridge.

## UNIVERSITY OF EDINBURGH.

THE following candidates have passed the final professional examination for degrees in medicine and surgery, those marked with an asterisk with distinction.

M.B.C.M. (Old Regulations).—J. Clark, H. Downes, G. A. Grierson, R. W. Telford.

M.B. (New Regulations).—T. Addis, F. Aitken, J. C. D. Allan, A. C. Alport, A. G. Anderson, M. A. B.Sc., \*W. Anderson, M. A. Ansari, B.A., W. F. Archibald, F. Baillie, G. S. Banks, D. M. Barker, J. M. Barkley, G. G. Bartholomew, B. Baly, W. J. E. Bell, N. Black, R. Bladworth, C. E. Blair, G. Blair, R. A. Blake, H. M. Brown, J. W. Cairns, T. Campbell, H. M. Cargill, N. S. Carmichael, J. Chisholm, H. P. Cook, \*F. W. Cragg, J. G. Craig, D. C. Croile, J. A. Cruickshank, A. Dangerfield, T. Davidson, M.A., J. M. Dickson, M. G. Dill, D. Eakin, H. A. Edwards, E. A. Elder, M. A. B.Sc., G. E. Elliston, H. F. Fenton, F. E. Field, C. N. Finn, N. C. Forsyth, R. S. Freer, W. G. Fröhlich, J. F. Gallaher, L. P. M. Gardner, H. S. Gaskell, W. Gemmill, M.A., E. G. Girdwood, J. A. Glover, M.A., J. M. Grant, J. Green, \*Charlotte R. Greenfield, J. C. Grieve, E. J. G. Groves, J. A. Gunn, M.A., B.Sc., J. T. Gunn, G. Hadden, H. D. Harner, Ada A. Hatchard, A. S. Hendrie, W. M. Hewitson, H. A. Hogg, J. S. Hogg, J. R. Hogg, J. H. Hume, J. Ings, M. B. Ada Jackson, T. S. Jackson, J. P. S. Jamieson, S. Kark, J. R. Kerr, R. H. Landon, J. M. Lander, J. Lindsay, J. Lindsay, A. P. G. Lorimer, J. A. Loughridge, D. H. C. MacArthur, F. M. Derrid, \*P. M. Ewan, M. A., T. A. MacGibbon, B.A., B.Sc., J. D. McKelvie, J. MacKenzie, K. W. MacKenzie, M. MacKinnon, A. C. M. Master, S. McNaughton, C. M. Neil, M.A., N. N. G. C. M'Vean, W. Magill, \*W. J. Maloney, S. E. Martin, E. S. Massiah, \*G. D. Mathewson, B.Sc., A. Mathieson, D. M. Mathieson, M.A., A. I. Miller, H. P. Milligan, C. E. S. Mitchell, J. S. Mitchell, H. B. Morris, D. L. Morrison, H. Mowat, R. E. Moyes, E. B. Munro, A. W. Neill, R. H. Nolan, G. P. Norman, A. J. E. O'Brien, C. E. O'Brien, A. A. Ollivier, J. S. Orwin, D. H. Paul, J. L. Pearce, \*H. E. Rawlence, D. G. Reid, A. O. P. Reynolds, W. E. Reynolds, J. E. Robertson, W. G. Robertson, M.A., W. L. Robertson, M.A., J. Z. H. Rousseau, E. A. H. M. Sauzier, \*W. M. D. Scott, W. J. B. Selkirk, D. W. Sibbald, E. M. Stimmers, A. Simpson, E. S. Simpson, O. Smith, R. C. S. Smith, B.A., S. A. Smith, T. R. Smith, A. G. V. van Someren, D. W. Standley, W. J. Taggart, W. E. Tannahill, Anna F. Theobalds, J. A. R. Thompson, E. P. Valenzia, F. L. de Verteuil, P. S. Vicker-man, Helen R. Vickers, Frances M. Wakefield, R. C. Walker, A. J. Shephard-Walwyn, \*H. E. A. Washburn, H. C. Ober, J. D. Wells, F. P. Wernicke, A. Wight, Elsie B. Wilkie, R. Wilkins, H. C. Wilson, J. Young, J. T. Young.

## UNIVERSITY OF DURHAM.

## BACTERIOLOGICAL DEPARTMENT OF THE COLLEGE OF MEDICINE.

DURING the last twelve months 1,474 specimens have been examined in the Bacteriological Department of the University of Durham College of Medicine, Newcastle-upon-Tyne, showing an increase of 35% over the previous year.

The great majority of the specimens were examined for the various county councils and public institutions in the neighbourhood.

Out of 774 specimens of sputum examined for tubercle bacilli, 39 per cent. were found to be positive. Out of 421 cases of suspected diphtheria, 38 per cent. were found to be positive, whilst from 149 specimens of blood from suspected enteric 47 per cent. were positive.

Samples of water to the number of 48 were examined quantitatively for bacteria, and 6 samples of milk for B. typhosus. Urine was examined in

25 cases for B. tuberculosis, with 5 positive results; 10 specimens of blood were examined for anthrax, with 7 positive results; 1 sample was examined for glanders with a positive result, and 1 sample of brawn was examined for B. enteritidis with a positive result.

## VICTORIA UNIVERSITY OF MANCHESTER.

THE Professor Tom Jones Exhibition in Anatomy has been awarded to Mr. John Morley and the Dumville Surgical Prize to D. P. Sutherland. Gold medals have been awarded to Mr. M. Gamble and Mr. H. W. Russell for the dissertation for the M.D. Degree. The former dealt with the clinical estimation of the alkalinity of the blood and the latter with the relative time of inflating of the lungs and bronchial glands in guinea-pigs inoculated with tuberculous material.

## UNIVERSITY OF BRUSSELS.

THE following were the successful candidates for the M.D. degree at the recent examination: M. P. Kerrawalla (honours), Bombay; James B. Patterson, Carlisle, Scotland; W. R. Coldicote, London; A. Acland, London; E. G. Andrew, Cornwall; W. Phillips, Canterbury.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia was held at the College on Friday, June 23rd, the President, Sir R. Douglas Powell, Bart., in the chair.

## Communications.

The following communications were received:

1. From the Secretary of the Royal College of Surgeons, reporting certain proceedings of their Council on May 17th.
2. From the General Medical Council, drawing the attention of the College to a list of rejections at recent competitions for Commissions in the navy, the army, and the Indian Medical Services, indicating the licensing bodies from which the rejected candidates obtained their qualifications.
3. From the Secretary of the Royal College of Physicians of Edinburgh, denying that that College encourages the use of the title of "doctor" by its licentiates, not being graduates in medicine.
4. From the principal Librarian of the National Library of Turin, returning thanks for the books presented to the Library by the College in January last.
5. From the Board of Education, forwarding papers, received through the Foreign Office, from the Committee for organizing a first International Congress on Radiology and Ionization to be held at Liège, September 12th to 14th next.

## Reports.

The following reports were received:

1. From the College Representative on the General Medical Council on the proceedings of the Council during its session in May last.
2. From the Committee of Management, dated June 5th, on the recognition of the Medical School at Cairo as a place of study for candidates for the diplomas of the two Royal Colleges. The report, which detailed certain conditions laid down by the College and accepted by the Egyptian authorities, was adopted, and Cairo is thus recognized as a place of medical study.
3. From the Committee of Management, recommending some additions to the regulations for the diplomas in Public Health.

## Gift by Sir Samuel Wilks.

THE Treasurer (Sir Dyce Duckworth) presented, for acceptance by the College, some relics of Edward Jenner, on the part of Sir Samuel Wilks. The gift was accepted, and a vote of thanks to Sir Samuel Wilks was passed with acclamation.

## Fellowship.

THE Registrar moved that the following By-law be enacted for the first time—namely: "That Leonard Rogers, M.D. Lond., elected to the Fellowship on April 27th, being resident in Calcutta, be admitted *in absentia*, any by-law to the contrary notwithstanding."

## TRINITY COLLEGE, DUBLIN.

THE following candidates were approved at the Trinity Term Final Examination in Medicine:

Lily A. Baker, G. Mac G. Millar, H. J. Knox, J. A. Pringle, J. W. Houston, M. D. Ferguson, T. King-Edwards, A. G. Alexander, R. B. Bryan (Clk), Madeleine S. Baker, W. Nunan, H. E. A. Emerson, J. A. Sibthorpe, C. A. Boyd.

THE following candidates were approved at the Trinity Term Final Examination (Section A.):

E. C. Conyngham, C. Stoney, A. T. J. McCreery, H. P. Hart, J. W. Lane, Eleanor E. Finegan, A. E. Knapp, W. D. Mitchell, H. R. N. Fowler, G. H. Stack, J. Gray, J. G. M. Molony.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

## LIQUOZONE.

ON May 26th Dr. Wynn Westcott, Coroner for North-East London, opened an inquest at Stoke Newington with regard to the death of a child, Constance Adelaide Sheppard, aged three years and ten months, which occurred after it had been given liquozone by its mother.—Dr. F. J. SMITH, Lecturer on Medical Jurisprudence at the London Hospital, said that he had made a necropsy and had come to the conclusion that death was due to an irritant. It was stated at this inquest that a second child to whom liquozone had been given was dangerously ill.

The inquiry was adjourned.

When it was resumed on June 5th the second child, aged two years, had died. It appeared from the evidence that the children had been given several doses from a free sample bottle of Liquozone. The parents, who had also taken some of the preparation, had suffered pain for about an hour.—Mr. JAMES ROBERTSON WALLACE, described as a fully-qualified medical practitioner and medical adviser of the Liquozone Company, said that his duties included correspondence with persons who thought of taking liquozone. His experience of its action extended over six weeks, during which time he had sometimes himself taken as much as an ounce undiluted. The instructions on the label on the bottle were confined to adults, and he had not recommended that the dose for infants and children should be specified. In examination by Mr. Andrews, who repre-