cedures. On many occasions I have noticed that after a lumbar puncture and the withdrawal of a small amount of fluid the patient has been able to drink naturally or suck a bottle, although previously nourishment had to be introduced by a tube through the nose.

The operation is practically unattended with risk so long as it is carefully performed and rigid asepsis ensured. It is rarely at all painful. Almost always some good results. I do the operation with a boiled glass syringe and needle, and sterilize the spot of skin selected with a drop of pure carbolic acid. The barrel of the syringe should be detached as soon as the subarachnoid space has been tapped, and the fluid allowed to drip from the needle into a boiled test tube.

I have to acknowledge my indebtedness to the staff of the London Temperance Hospital for their kindness in permitting me to mention these cases.

A NEW METHOD OF COUNTING THE CORPUSCLES OF THE BLOOD.

BY

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THE following method of counting the white and red cells of the blood has been worked out primarily with a view to obtaining permanent preparations from which white and red cell counts can be made at any subsequent period. We also aimed at dispensing with the use of a ruled counting chamber, thus eliminating a considerable source of error due to variations in the depth of the cell.* We believe that our method will be of especial use in the tropics, where it may be necessary or advisable to examine the blood collected at the same time from a number of patients, and where skilled assistance is not available.

In principle our method consists in diluting a measured quantity of blood with a measured quantity of a fixing solution with which there is combined a suitable stain. After a few minutes, to allow of fixing and sufficient staining of the corpuscles, a measured drop of the mixture is allowed to evaporate to dryness on a slide, when a cover-glass is applied over the resultant film in the usual manner. We find balsam the best medium for mounting, and if the slides are to be kept for any length of time acid-free balsam dissolved in thiophene-free benzine should be used, as otherwise there is a tendency for the dye used for staining the white cells to become faint with age. A number of experiments were made in which various stains were tried. Many of these gave tolerable results, especially polychrome methylene blue and piconigrosin, but it was finally determined that the most satisfactory results were obtained by using solutions of methyl violet and eosin for the white and red cell counts respectively.

DETAILS OF METHOD.

The finger or lobe of the ear, cleaned in the usual manner, is pricked, and 5 c.cm. of blood sucked into a Hawksley pipette of the usual pattern. This is then blown out into a suitable vessel (we have found a small weighing bottle most convenient) containing 495 c.cm. of the first diluting fluid consisting of:

Sodium chloride	...	...	0.75 gram.
Methyl violet	...	...	0.012 gr.
Formalin (commercial)	...	...	1.5 c.cm.
Distilled water to	...	...	100.0 c.cm.

This is the composition of the actual mixture used for counting the white cells, but as the practical value of our method would be greatly diminished were it frequently necessary to weigh out 0.012 gr. of methyl violet and an even smaller quantity of eosin, we proceeded to make a number of stock solutions which, when mixed in sample proportions, gave a solution of the same composition. These are the solutions of salt, formalin, and methyl violet mentioned below. As a matter of fact, we found that the actual fluids used for diluting the blood kept perfectly well for about three weeks, provided they were not exposed to light and contained neutral formalin.

* Two Zeiss slides which had been in use in the laboratory for about three years, and in which the ruled lines were everywhere perfectly clear and sharply defined, gave results which were fairly consistently 10 per cent. higher than those obtained by our method and by two new Zeiss slides. This would be accounted for if the depth had increased by only 0.01 mm.

The solution used as a staining diluent to count the white cells, and which corresponds in composition with the formula given above, consists of a mixture of 12.5 c.cm. of a 3 per cent. solution of NaCl, 12.5 of a 6 per cent. formalin (commercial), both in filtered distilled water, 495 c.cm. of a 1.3 per cent. solution of methyl violet, the whole made up to 50 c.cm. with distilled water. A similar solution is used as a diluent for the red cell count, except that 495 c.cm. of a 0.8 per cent. solution of eosin (Grubler w.g.) is substituted for the same quantity of methyl violet solution.

In practice we have given up using stock solutions, and now make use of tabloids† containing the requisite amount of dye and salt which, when dissolved in water, require only the addition of formalin. We take this opportunity of thanking Mr. Edmund White, Pharmacist to St. Thomas's Hospital for making these tabloids for us, each of which contains 0.25 gram pure sodium chloride combined with 0.004 gram methyl violet or 0.0025 gram of eosin. To make the diluent solutions all that is necessary is to dissolve one tabloid in 30 c.cm. of clean distilled water and add 0.5 c.cm. formalin, filtering the solutions so obtained through a not too large filter paper, so that the strength of the dye in solution may not be appreciably weakened by the absorbing power of the paper.

WHITE CELL COUNT.

The mixture of blood and methyl violet diluting fluid is well stirred and 5 c.mm. are drawn into a pipette and carefully blown on to a slide so as to form a drop some 10 mm. to 12 mm. in diameter. Care must be taken to avoid leaving an appreciable quantity of fluid at the end of the pipette. Another possibility is that bubbles of air may be forced into the drop while blowing it on to the slide. A little practice is all that is required to avoid this, but should it occur the slides need not be rejected unless the bubbles burst and scatter minute droplets of the mixture beyond the periphery of the main drop.

Fig. 1.—Film showing white cells deeply stained among unstained red cells. From a case with 20,640 leucocytes per c.mm. = 1,032 leucocytes in film.

Since the ordinary Hawksley 5 c.mm. pipettes are graduated to contain but not to deliver 5 c.mm., special pipettes must

† Messrs. Parke, Davis, and Co. have made a number of these tabloids for us which are in every way satisfactory. It is probably important that the sodium chloride used should be free from magnesium chloride on account of the hygroscopic properties of the latter. The formalin used must be neutral, and should before use have stood over CaCO₃ or MgO, and have been adequately filtered—that is, through two thicknesses of filter paper. Messrs. Griffin have put up for us a number of bulbs, each containing 0.5 c.cm. of formalin so prepared which have kept well. For preference the bulbs should be of non-actinic glass, and should contain but little air above the fluid. The small weighing bottles referred to above are stocked by Messrs. Allen and Hanburys.

‡ These are of the ordinary pattern, but graduated to deliver 5 c.mm. contained between a mark on the pipette's stem and its point. A pipette graduated so as to deliver 5 c.mm. when the meniscus of contained fluid passes from one mark on its stem to another seems to offer certain advantages, and we are experimenting in this direction.

be used or a correction applied. Special pipettes have been made for us by Mr. Hawksley, and these no doubt should be used for preference, but as the result of a large number of calibrations done by one of us (W.M.S.), we find that for all practical purposes it is sufficient if we made a delivery mark on the Hawksley 5 c.mm. pipette, such that the total new length of the graduated part of the tube becomes one-sixteenth greater than its length when graduated in the ordinary way to contain 5 c.mm. This increase in length probably varies a little with pipettes of different lengths; but in the case of a pipette of ordinary length of from 5 to 6 cm. from point to containing mark, one-sixteenth is an allowance quite accurate enough.

The actual count of the white cells is done with $\frac{1}{4}$ in. objective. On examining the film consisting of a dried drop of the mixture of blood and diluent already described, red corpuscles are seen plentifully distributed all over the preparation. Among these the white cells form fairly conspicuous objects stained of a violet-blue colour and easily differentiated from the red cells among which they lie (Fig. 1).

Crystals of salt will be seen scattered throughout the preparation. At the edges of the drop the crystals are more numerous, and generally there is a slight deposit of dye producing a coloured edge. Here also the red corpuscles may be slightly stained.

A lightly stained red cell is to be distinguished from a white cell by its concentric staining and especially by its non-refractive appearance. Even if a red cell is deeply stained it differs in tint and appearance from a leucocyte, so that usually there is no difficulty in determining whether a given corpuscle is a stained red or white cell.

In a satisfactory slide there should be no, or at least no appreciable number of, stained red cells. If the mixed formalin and methyl violet stand for some time exposed to light the red cells readily begin to stain, doubtless owing to the formalin being partly oxidized to formic acid; and if the blood diluted with the methyl-violet solution be allowed to stand for some hours the red cells tend to stain. We have, however, obtained quite countable slides when the mixed blood and diluent have stood as much as two days before drying a drop of the mixture on a slide. At the other extreme as short a time as less than five minutes has been found to give a practicable stain.

For the actual count of the corpuscles an ordinary eyepiece with the usual circular diaphragm may be used, but an oblong field is more convenient. Best of all is an oblong diaphragm with two small notches cut in its opposite sides. (Fig. 2). The notches allow a doubtful corpuscle just on the edge of the field to be freely inspected. A field of this shape is readily procured by slipping a piece of paper cut to the right shape into the eyepiece of the microscope, or a blackened metal disc with a diaphragm of similar shape may be used.¶

The first thing to do is to adjust the eyepiece so that one screw of the mechanical stage moves the corpuscles parallel to the notched sides (Fig. 2, A B C and D) of the field. The

Fig. 2.

slide is then moved until we see the apparent lower edge of the drop, as in Fig. 3, where A represents the first position of

¶ If the dried up drop be mounted in oil of fennel with an index of refraction close to that of salt, the crystals of the latter become nearly invisible.

¶ Made for us by Messrs. Swift and Son

the field. By moving the horizontal screw of the mechanical stage the field moves to the position B, and all the (stained) white corpuscles seen are counted. This will be the most difficult line to count, since we shall be on an edge of the drop the whole time, and if the latter is not fairly circular in outline, the existence of bays in its periphery may give rise to some confusion. When the field arrives at the position B the vertical screw of the mechanical stage is turned until the field takes up the position C. By turning the horizontal

Fig. 3.

screw again the field comes to the position D. During the passage of the field from B to D the corpuscles are not counted. The field is now moved from D to E across the drop, and the cells seen are again counted, then from E to F without counting cells, then from F to A and so on while cells are counted. These movements are continued until the whole of the drop has been worked over. The general principle of the above manoeuvre is very simple—namely, each part of the drop must be counted once and once only.

The time taken in counting a slide varies somewhat; we usually take about twenty to thirty minutes, beginners may take longer. A slide was counted satisfactorily in thirty-two minutes by a new observer although it was his first experience of this method.

In making the first dilution the blood is ordinarily diluted a hundredfold, and the total number of white cells in 5 c.mm. are counted; hence the number of white cells per c.mm. is $100 \div 5 = 20$ times the number of white cells counted. In a count of a specimen of blood containing 10,000 white cells per c.mm., we should therefore count 500 cells; and since a high degree of accuracy in blood counts is neither required nor attained by any method, a fair margin of error is permissible without introducing a really important inaccuracy in our result. For instance, if we were to leave out 50 cells in the above count, we should get as a result 9,000 white cells instead of 10,000. In actual practice the error of counting a slide is far smaller than this.

RED CELL COUNT

For this, the first (methyl violet) dilution of the blood is well stirred, and 5 c.mm. are sucked into an ordinary (containing) pipette, and blown into a weighing bottle containing 995 c.mm. of the eosin solution. The exact strength of the eosin solution is of no great importance, since within limits appreciably different strengths of eosin give equally satisfactory results; indeed, it is possible to count the red cells without any special staining at all by making the second dilution into the methyl violet solution. After a few minutes to allow the red corpuscles to stain, 5 c.mm. of this dilution of the blood are transferred to a slide with a delivery pipette in the same way and with the same precautions as in doing a white count. The drop is dried, and the film so obtained mounted under a cover-glass in Canada balsam.

When examined with a $\frac{1}{4}$ in. objective, the drop will be found to be bounded by a ring of precipitated amorphous

eosin. Salt crystals will also be seen, especially near the edges and scattered all over the drop stained red cells will be seen (Fig. 4). These are counted in the same way as the white cells.

Fig. 4.—Film showing stained red cells and a salt crystal. From a case with 6,684,000 red corpuscles per c.mm. = 1,671 red corpuscles in film.

As already stated, the first (white cell) dilution made is ordinarily 1 in 100. For the second, a further dilution of 1 in 200 of this is made, so that the final dilution is 1 in 20,000. Since the total number of corpuscles in the drop, that is in 5 c.mm., are counted, the number of red cells per c.mm. is $20,000 \div 5 = 4,000$ times the number counted on the slide. In the case of a normal red count of 5,000,000 per c.m., $5,000,000 \div 4,000 = 1,250$ red cells would be counted, and even were an error of 50 cells made, the result would be out by only 200,000 cells per c.mm. The error of counting with ordinary care is never so large as this.

During the red count violet-stained cells are at times seen which without doubt are leucocytes. But we believe that, as a rule, the latter are stained red and are usually counted in with the red cells. In an ordinary count this is of little importance, since the number of white cells is incomparably smaller than that of the red. In a leukaemic count this might not be so. In this case we should count the total number of cells, both red and white, when counting the second dilution. Multiplying this by 4,000, we should get the total cells, that is, both red and white, in the blood, and then we should subtract the number of white cells per c.mm. as previously found. The result would be the number of red cells per c.mm.

APPLICABILITY OF THE NEW METHOD TO VERY HIGH AND VERY LOW BLOOD COUNTS.

While a dilution of 1 in 100 is usually convenient for the white count, yet occasionally—as in leukaemic cases—it may be desirable to further dilute the blood. We have done this by means of a pipette graduated to contain 55 c.mm. Then, on mixing 55 c.mm. of the first solution (1 in 100) with 495 cm. of methyl violet solution, we obtain a total dilution of 1 in 1,000, which should enable the leucocytes of any blood to be counted, however numerous they were.

With the ordinary first dilution of 1 in 100 we have counted as few as 1,300 white cells per c.mm., with a total count on the slide of 65 cells, and at the other extreme as many as 22,240 white cells per c.mm., with 1,120 cells on the slide. A 40,000 count would give 2,000 cells per slide. For any number above this it would probably be convenient to further dilute the blood ten times as above suggested. It should then be possible to conveniently count any number from about 20,000 to 400,000 white cells per c.mm. In the first instance 100, in the second 2,000 cells would be counted

in the film. With the ordinary red dilution of 1 in 20,000 we have counted as many as 7,306,000 red cells per c.mm., and as few as 840,000 cells per c.mm. In the first case 1,829 cells were counted per slide, in the second case 210. Hence the above dilution appears to be convenient for all red counts, though for low counts a second dilution of 1 in 50 (instead of 1 in 200) may lead to more accurate counting.

COMPARISON OF RESULTS OBTAINED BY THE NEW METHOD AND WITH THE ZEISS HAEMOCYTOTOMETER.

It remains for us to demonstrate the accuracy of the new method. With this end in view we cite a number of white cell counts made on the same specimen of diluted blood by three different methods.

TABLE I.

No.	Count by Square Field A.	Count of Total Number in 5 c.mm. on a Zeiss Slide B.	Count of Total Number in 5 c.mm. Dried on Ordinary Slide (New Method) C.	Comparison.		
				A—B.	A—C.	B—C.
1	5,800	6,000	5,560	—200	+240	+440
2	3,750	3,560	3,880	+190	—130	—320
3	1,710	1,540	1,480	+170	+230	+60
4	7,350	7,340	7,320	+10	+30	+20
5	6,930	6,540	6,400	+390	+530	+140

The numbers in Column A were obtained as follows: 5 c.mm. of a $\frac{1}{100}$ dilution of the blood was taken in a 5 c.mm. delivery pipette, and blown into the counting chamber of a Zeiss haemocytometer. The 5 c.mm. can just be contained in the chamber of this apparatus when the special cover-glass is pressed on. The cover-glass was applied in the usual way, and care taken to obtain good Newton's rings. Failing good rings, a fresh specimen was mounted. Ehrlich's adjustable square eyepiece was used, and the size of the field so adjusted as to contain sixteen of the small ruled squares on the Zeiss slide. This square field was moved over as much as possible of the whole slide, while the number of white cells in each field and the number of fields traversed were noted. Then, knowing the dilution of the blood, the area of a small square ($\frac{1}{16}$ square millimetre), the depth of the cell ($\frac{1}{16}$ mm.), the number of fields and the total number of white cells counted, the number of white cells per cubic millimetre in the blood is readily calculated. The numbers so obtained are given in Column A.

Next, the total number of white cells in the whole of the 5 c.mm. on the slide was counted by going over the whole of the Zeiss slide. Then since the dilution of the blood is 1 in 100, and the total number of white cells in 5 c.mm. of this dilution is known, the number of leucocytes per c.mm. is $100 \div 5 = 20$ times the total number of white cells enumerated. The number of white cells per c.mm. obtained in this way is given in Column B.

Five cubic millimetre drops of the same dilution were taken in a delivery pipette, blown on to ordinary slides, dried, and mounted in Canada balsam. One slide was selected, and the total number white cells in it were then counted as previously described, and the number per cubic millimetre was calculated. The results so obtained are given in Column C.

We wish to lay stress on the fact that these, as well as the red cell counts given later, are consecutive not selected counts.

The general agreement of Column A and B may be taken to mean that the depth of the cell and graduation of the pipette are accurate, or, at least, that any errors present nearly balance each other. The general agreement of Columns B and C shows that appreciably the same number of corpuscles are counted in a 5 mm. drop, whether the drop is dried or not. If any appreciable numbers of white cells lost their stain on drying or became disintegrated, the numbers in Column C would be appreciably smaller than those in Column B. Considering numbers 1, 3, 4, and 5, it will be noticed that Column C is always less than Column B. On working it out this amount is, however, only 3 per cent. Taking the algebraical percentage value of B—C for all five lines, Column B works out only 1.4 per cent. less than Column C.

This, we consider, conclusively proves that no appreciable loss of corpuscles takes place on drying the slide. The average dried slide which we obtain now is moreover distinctly better than the slides counted here, since we now avoid the effect of light on the mixed methyl violet and formalin solution.

With a view to demonstrate the accuracy of the new method for the red cell count, we cite five consecutive counts of different specimens of blood.

Table II gives a comparison between counts by the new method and by the Zeiss haemocytometer method.

TABLE II.

No.	Count on Zeiss Slide.	Count of Dried Drop.	A-B.	Percentage of Error.
	A.	B.		
1	6,825,000	6,712,000	+113,000	+1.7
2	2,430,000	2,406,000	+24,000	+1.0
3	4,662,000	4,728,000	-66,000	-1.4
4	3,737,000	3,584,000	+153,000	+4.9
5	4,459,000	4,324,000	+135,000	+2.9

In Column A are the number of red cells per c.mm. as found by counting in the ordinary way on a Zeiss slide. A dilution of 1 in 200 in the methyl violet diluting fluid was used for this purpose, eight large squares each consisting of sixteen small squares being counted.

For column B 5 c.mm. of the first dilution were taken and mixed with .495 c.mm. of the eosin solution. This gives a final dilution of 1 in 20,000. From this dilution drops were blown on to slides from one of the specially graduated 5 c.mm. pipettes. These were dried and mounted in Canada balsam. One slide was selected and counted. Since the dilution was 1 in 20,000 and the total red cells in 5 c.mm. were counted, the total count multiplied by $20,000 \div 5 = 4,000$ gives the number of red cells per c.mm. The numbers so obtained are given in column B.

It will be seen that Columns A and B are approximately the same. On working out the difference, Column B is found on the average to be 1.1 per cent. less than A. This may be taken as proving that few or no red cells are lost while the drop is drying.

THE IODOFORM TREATMENT OF TUBERCULOUS DISEASE.

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THE two following cases of tuberculous joint disease, successfully treated by the injection of iodoform emulsion, are reported because such treatment is still upon its trial. The success in the cases reported has been encouraging, and such as invites further application of this method of treatment. It shows, moreover, that, even in cases of longstanding mischief, good results may be looked for.

Both cases were met in private practice. The preparation of iodoform emulsion used was according to Squire's formula and the method of injection was as follows: About a drachm of the emulsion was injected every alternate day into the joint affected, through the sinus, with an ordinary glass syringe. By keeping the nozzle of the syringe firmly against the sinus opening the emulsion was allowed to act on the joint for from three to five minutes. At first pain was complained of after the injection, but this was alleviated by the subsequent injection of very weak carbolic solution to wash out the iodoform. After a fortnight, however, this was unnecessary as the pain after injection disappeared. The sinus was subsequently covered with a pad of dry double cyanide gauze, and left untouched till the next injection, that is, two days later.

CASE I.—L. A., aged 17, message girl. Nine years ago resection of the right elbow-joint was performed for tuberculous disease, following a fall on the olecranon. The joint is now stiff, but she can make good use of hand and arm.

History.—Towards the end of summer, 1898, she sprained her left foot severely, but received no skilled treatment till the end of November, when, on account of the formation of an abscess at the joint, an incision had to be made. The ankle continued discharging a large amount of pus till May 1899, when part of the fibula was removed and the joint scraped. Further scraping was carried out on two occasions in June and July.

State on Examination.—The patient came under my notice in September 1899, when there appeared very marked wasting of the foot and leg, with distinct puffiness of the ankle. On the inner side of the joint a recent scar was visible, and on the outer side a large ulcerated surface, tuberculous-looking, with a sinus at its base, which allowed the passage of a probe for $1\frac{1}{2}$ in., when necrosed bone was felt. Pain was acute on attempting to flex the joint, and tenderness was elicited all round the articulation. A large amount of pus was being discharged. The general health was poor.

Treatment.—The injection of iodoform emulsion in the manner noted above was commenced in October, 1899, a dry dressing being placed on the wound. This form of treatment was carried out for two months, when the sinus and ulcerated surface were quite healed. The foot and ankle were then encased in plaster-of-paris for six weeks, and the patient allowed to go about and out by means of crutches, a patten being placed on the sound foot. After the removal of the plaster a thick-soled boot was worn, and at the present time the patient is able to go about without the aid of either crutches or sticks. The joint is stiff and the patient has a decided limp, but is free from pain and her general health is all that could be desired.

CASE II.—J. B., aged 9, a schoolboy. His mother and uncle died of acute phthisis, but he enjoyed excellent health till he was three years old.

History.—The present illness began in 1896 with indefinite symptoms of pain in both legs; he always desired, after walking a short distance, to be carried. In February, 1897, pain was complained of in the left knee-joint, which was swollen. The knee was thought to have been strained, and an ointment said to contain tar was applied. A few weeks later pain was complained of in the left hip-joint, and symptoms of morbus coxae became evident. The lower part of the abdomen and the left leg were encased in plaster-of-paris, the patient being permitted to get about on crutches with a patten on the sound foot. At the end of ten weeks this was removed, and a Thomas's splint was worn day and night for eleven months, when it was gradually done away with and the patient allowed to go about on crutches. No pain was at this time complained of.

State on Examination.—The patient first came under my notice in February, 1899, on account of a bulging in the left groin. This was distinctly fluctuating, and on incision a large amount of pus was evacuated. A probe passed into the joint detected a large area of necrosed bone. The discharge continued for several months. The general health was very indifferent.

Treatment.—In November, 1899, as no progress was noticeable, the iodoform emulsion was injected as noted above, and was repeated on alternate days till May, 1900, when the treatment was discontinued, as the wound was quite superficial and had no communication with the joint. For six months after the healing process was completed the boy was allowed to go about on crutches and a patten. Since then, by the aid of a stick, he can walk long distances, and is a most regular attender at school. He has a decided limp, but is in excellent health, free from pain, and shows no sign of any active disease whatever.

In both cases, immediately after commencing the injection, the discharge was materially and surprisingly lessened. Both patients, moreover, began to improve in general health and to gain weight from the time of its first use. Cod-liver oil and cream were administered, and these, no doubt, materially aided the recovery of the patients. The pain at first felt on injection of the iodoform was, in all probability, due to its irritative action on the diseased tissues, the subsequent washing out with weak carbolic solution getting rid of any excess of iodoform. The fact that the patients have remained quite well for fully eighteen months is an encouragement for further use of this method.

In conclusion, it may be mentioned that in two recent cases of tuberculous cervical glands with discharge lasting for from two to four months, the injection of the emulsion rapidly stopped the discharge with the subsequent complete healing of the sinuses. Both patients were young and followed outdoor employment.

SCIENTIFIC GRANTS COMMITTEE

OF THE

British Medical Association.

REPORT LXXVI.

THE CLINICAL DIAGNOSIS AND SURGICAL TREATMENT OF TUBERCULOSIS OF THE TEMPORAL BONE,

CONSIDERED WITH REFERENCE TO THE PATHOLOGY AND MORBID ANATOMY OF THE DISEASE.

By W. JOBSON HORNE, M.D., B.C.CANTAB., M.R.C.P.,
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TUBERCULOSIS of the ear, I venture to think, has not received the attention it deserves. The subject is beset with doubts and difficulties, and these, I trust, the discussion this evening will help to clarify. The present paper, to economize time, is given in abstract form, and does not attempt to do more than draw attention to some of the doubtful points, and to put forward theories in explanation which may elicit discussion.

In the first place, it is a question whether tuberculosis of the ear should be regarded strictly as a form of middle-ear disease in precisely the same sense as any other form of suppurative otitis, or whether it should not more properly be grouped under tuberculous disease of bone. It will be noted from the title of the paper that the more comprehensive view of the disease is for the present tentatively held.

As regards the frequency of the disease, the statistics so far published are not sufficiently uniform to allow of an opinion