

fact, and the same applies in connection with many cases of hæmoptysis, the hæmorrhage is inordinate in quantity and is associated with a serious defect of blood-coagulability. Moreover, it is possible to seek warning with a view to providing against the danger. The mere fact of blood flowing profusely from a prick in the finger would of itself convey the necessary warning.

Lastly, he refers to the fact that urticarias supervening upon the ingestion of acid fruits and vegetables (rhubarb) are still chronicled in the medical press as events which refuse to fall into line with any known facts. He has not only shown that decalcifying agents as a class when introduced into the system induce a diminution of blood coagulability, but he has in himself achieved a diminution of blood coagulability and an urticaria by the ingestion of citric acid, and, on the other hand, in the dog, achieved a decalcification of the blood and a diminution of blood coagulability by the administration of soap.

In 1902 from a series of experiments and observation on rabbits, he pointed out and proved that the coagulation of the blood was brought about very rapidly by its admixture with lymph.

He sums up his inferences with regard to the causation of the thrombosis which occurs in connection with typhoid fever thus:—
“Turning to the problem as to what is the cause of the thrombosis so frequently seen in connection with typhoid fever and scrutinizing the results of the blood examinations to see whether they shed any light upon this problem, our attention fastens on the fact that the quantum of lime salts in the blood of the typhoid convalescents examined was greatly in excess of that in the normal blood. This fact suggests that the increased coagulability during the convalescent stage may be dependent upon an excess of lime salts. Evidence pointing in the same direction is afforded by the circumstance that the blood coagulation times of our typhoid patients, after the content of their blood in lime salts had been brought within the limits of the normal, were longer than those of normal bloods, instead of being shorter as one would expect them to be if the increased coagulability were dependent upon an increase in the albuminous elements which enter into the composition of the fibrin. When we consider whence the excess of lime salts which appears to be present in the blood of the typhoid convalescent can be derived, we recognize that it must be obtained from the milk, which, for the most part, constitutes the exclusive dietary of the patient. Cow’s milk contains, 1 part in 600 of CaO, as compared with 1 part in 800 contained in lime water. If we have in the milk dietary the key to the problem of the frequency of thrombosis in the period of convalescence, we have probably obtained a clue also to the solution of