and frequency of administration of oral penicillin as recommended by the American Heart Association (250,000 units thrice daily for 10 days) can be reduced without jeopardising the efficiency of therapy.

Children (and an occasional parent) with bacteriologically proved beta-hemolytic streptococcal infections were studied. Each patient was put in one of the treatment groups on a random basis. Temperature and clinical status was recorded by the mother. Any adverse reaction was also noted. All patients were followed for 2 months, during which a clinical examination and bacteriological swab was taken at 3-weekly intervals and patients recorded as cured, recurrent or carriers.

The study showed that oral penicillin can be given only twice daily in 2 doses of 400,000 units each and achieved as good results as can be obtained with twice the dose or twice the frequency of administration. It was also seen that a single daily dose of 800,000 units is inadequate. Further, the data supported the well known fact that benzathine penicillin in a single intramuscular dose of 600,000 units is an excellent therapeutic agent and probably superior in effectiveness to oral penicillin, and has the advantage of less cost and sureness of administration. No untoward effects were noted, except a mild diarrhoea with large doses of oral penicillin.

R. K. CHANDRA.

ERRATUM

In the August issue of the *Journal*, the name of the co-author, R. J. Singh, of the article "Bilateral renal agenesis with severe urinary tract dysplasia" page 264, should read instead, R. N. Singh.