

salvarsan in many cases and by mercury less frequently, and there are few practitioners who have not seen the signs of syphilis become worse or more generalized whilst the patient was upon a mercurial course. Hardships, deviations from good health and other debilitating influences will often provoke syphilitic symptoms which might otherwise have remained in abeyance. It will be interesting to learn, as we probably shall do in the future, how and why these intermissions occur. There is already some evidence to show that the infective protozoa pass a part of their life-cycle in a resting stage, during which they are undiscoverable by any microscopical examination known to us at present. It is assumed that they become intracellular during this period, but more must be learnt about them before any definite statement is possible, and the resting stage may prove to be only one of many interesting peculiarities serving to distinguish protozoal infection from that of the vegetable microbes.

Lastly, the important question arises: What should be the treatment for a case of syphilis as it is seen in general practice? The broad answer is: Make sure of your diagnosis, and make sure of it as early as possible. This can be done soon after the initial lesion has appeared by finding spirochaetes in the chancre either by means of the ultramicroscope or by the Indian ink method. The diagnosis being thus made, it can be confirmed in a short time by employing Wassermann's test. It is not desirable to await this confirmation, because the earlier the organic arsenic compounds are given, the better are the results obtained from them. Neo-salvarsan should be given by intravenous injection, and it should be followed at once by a systematic course of mercury. The neo-salvarsan should be given on the clear understanding that a single injection will not be sufficient except in very exceptional cases, and it should not be postponed because the patient thinks it will do just as well later. The experience already gained shows that the later it is given in the course of the disease the less marked are its effects, and the more frequently must the injection be repeated. On the other hand, there is still too great a tendency to rely exclusively upon the organic compounds of arsenic, and it is necessary therefore to repeat that for the present neo-salvarsan must always be associated with a regular course of mercury controlled by repeated Wassermann tests. These tests should be made during the intervals when mercury is not being taken, for the presence of mercury may render the test negative, although the spirochaete infection still persists.

Potassium iodide should be reserved for the later stages of syphilis, and it should be given in short courses of 10 or 15 grains three times a day. I do not believe it is useful in the earlier stages, as there is no evidence that it destroys the spirochaetes, and it is wasteful to order it in 5 grain doses to be continued indefinitely, as is too often done, because the tissues quickly become habituated to its presence, and excrete it as rapidly as it is ingested. In the light of our present knowledge, a patient is cured of syphilis when he has been through a prolonged course of mercury, and repeated tests have shown that the Wassermann reaction is negative even when neo-salvarsan has been employed as a provocative, and if he has remained free from signs and symptoms for a year after cessation of all treatment.

#### A SEQUEL TO NOVOCAIN INJECTION.

BY

SIMONDS GOODING, M.A., M.D.CANTAB.,

AND

F. LEDGER ETHERIDGE, L.D.S.,

SOUTH NORWOOD.

THE following case is of interest, as in the past five years novocain has come so much more into general use that it is important for those who are administering it frequently to have brought to their notice any case of true or alleged poisoning.

E. P., an unmarried girl aged 20, in domestic service, at 5 p.m. on November 6th was injected with 40 minims of a 2 per cent. solution of novocain to have three upper incisors extracted. The operation was successfully performed, the patient stating afterwards that she felt perfectly well. She went home to supper with her parents, returning later to her

mistress's house, where she carried out her usual duties, and went to bed apparently in good health at 10 p.m.—that is, five hours after the administration of the novocain.

The following morning her mistress called her as usual; she was unable to get a reply and allowed her to sleep on. The maid remained unconscious for the next twenty-four hours, and her mistress, becoming alarmed, sent for a doctor, who pronounced her to be suffering from cocaine poisoning. The girl's parents were then communicated with, and at their desire one of us (S. G.) saw her at 11 a.m. on November 8th, about forty-two hours after the extraction of the teeth.

The patient was a well-developed muscular girl who rather presented the appearance of a case of cerebral irritation. Her face was slightly flushed, but respiration, pulse, and temperature were normal. She resented any interference. The jaw was tightly clenched; she refused to attempt to swallow or to take heed of what was said to her. She kept her eyes firmly closed; on opening them the pupils were equal and dilated; they reacted to light. The deep and superficial reflexes were normal. She had passed neither urine nor motion under her. The bladder was found to be nearly empty, although according to the history she had been in an unconscious condition about thirty-eight hours. What urine there was was normal in consistence. The catamenia had just commenced.

As every effort to rouse her was useless, she was ordered 2 minims of croton oil, to be given in butter. By 6 p.m. she had considerably improved; though still drowsy she would answer questions. The bowels had acted as the result of the croton oil, and for that purpose she had been able to get out of bed. She had taken milk. Her jaw was no longer clenched, and she was now awake. Two hours later she went to sleep and slept until the morning, when again it was found to be impossible to rouse her, and at 11 a.m. on November 9th her condition was exactly the same as on the previous day. The croton oil was repeated, with the same effect; but when the patient got out for the bowels to act she was not allowed to go back to bed, but was assisted to dress, and at 6 p.m. she opened the door perfectly recovered, and has remained well since.

Novocain is believed to be four to six times less toxic than cocaine, so that  $\frac{1}{4}$  grain, the dose administered, was not excessive. Liebl injected himself with 0.4 gram in 10 per cent. solution without producing any toxic symptoms; 0.75 gram, more than eight and a half times the dose given to this girl, caused temporary inconvenience for one and a half hours. Frequently  $1\frac{1}{2}$  grains is safely given by lumbar puncture.

There were no symptoms of poisoning when the girl went to bed five hours after the operation, and when first seen by one of us (S. G.) it was stated that she had been unconscious thirty-eight hours and yet there was no distension of the bladder and her clothes were unsoiled; as soon, however, as the croton oil acted she was obliged to wake up because she was under observation; probably, therefore, she had seized her opportunity to urinate secretly.

The curious relapse and ultimate instantaneous and complete recovery combined with the other points in the case, all point to it being a case of feigned coma in a hysterical subject rather than one of toxæmia due to a narcotic poison.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### RUPTURE OF A DERMOID CYST DURING PARTURITION.

I VENTURE to place on record the notes of the following case, as it presents unusual features.

At 2 a.m. on October 2nd I was called to Mrs. K., aged 35, who was in labour. This was her second pregnancy, the first child being 5 years old. The pains had started nine hours previously, but were said to have been weak and infrequent, and the waters had broken when the pains started.

The presentation was occipito-anterior vertex, the head just engaged in the brim, and the os was about the size of a half-crown; the pains were very weak and infrequent, occurring about every ten minutes. The woman's condition was excellent, she was not at all distressed, her pulse-rate was only 84, and I left her, returning about 10 a.m.

Her condition was then about the same, the pains still infrequent and weak; very little progress had been made; at 1 p.m. very little difference could be noted. At 5 p.m. the pains had increased in strength and were more frequent, so the patient was put under chloroform and forceps put on. After the first pull (which made little alteration) the forceps

were readjusted and delivery easily effected. Very little haemorrhage ensued, the placenta was easily expressed half an hour later, and the patient was left quite comfortable, with a firmly contracted uterus and a pulse of 90.

On seeing her at 11 a.m. next morning (October 3rd) I found that she had been vomiting continuously all night, and had been unable to retain even plain water; she had passed urine, but a soap and water enema had had practically no result. Her pulse was 100 but fairly full, and respirations 30. The abdomen was tympanitic, generally tender to light touch, distinctly distended, and showing some rigidity of both recti muscles at their lower ends.

The vomiting continued, and I asked my partner to see her, when we both agreed that surgical interference was distinctly indicated. She was removed to the Victoria Hospital, when Dr. Silva Jones, assisted by Drs. Hinks and Maxwell, opened the abdomen and found a ruptured dermoid cyst about 3 in. in diameter growing from the right broad ligament and hanging low down in the pelvis. Apparently this had been ruptured by the first pull of the forceps, and allowed the easy passage of the child's head at the second application.

A point of interest in the case was the violently irritating effect of the dermoid fluid contents on the peritoneum, as shown by the immediate onset of the vomiting, which became faecal eighteen hours after the cyst was ruptured, and the paralytic distension of the intestine.

The woman is making a good recovery, the only point of difficulty being to make the husband understand how a ball containing teeth and hair came to be inside his wife's abdomen.

JOHN F. WALKER, M.B.Lond.,  
M.R.C.S., L.R.C.P.

Southend-on-Sea.

#### A CASE OF SCARLATINA DURING THE PUERPERIUM.

I was very interested to read Sir John Byers's paper on "Rashes occurring during the Puerperium" in the JOURNAL of October 26th, 1912. It so happened that I had at that moment a case of scarlatina which occurred on the second day of the puerperium.

I was called in to Mrs. M., multipara, who was in labour, on October 2nd. I arrived simultaneously with the district nurse, and found that the child and afterbirth were both delivered. The whole labour lasted about an hour. There was a small epidemic of scarlatina prevailing in the village at the time, so I had taken all precautions against introducing infection into the house, and I was glad I had not been called upon to make an examination or assist delivery.

On the evening of the second day the patient was somewhat flushed, had a temperature of 98.8° F., and complained of sore throat. I gave her a dose of oil and pil. ergotin, gr. iii, t.i.d. The next morning I noticed marked circumoral pallor, a heavily coated tongue, and flushing of the skin of the chest and back. The throat, too, looked very suspicious of scarlatina. When, in the evening, the temperature rose to 103° F., there was little doubt in my mind that the case was one of true scarlatina. But as there was a faint possibility the condition might be due to sepsis, I swabbed out the uterus with tincture of iodine, followed by an intrauterine douche of the same (1 in 160) and injected 10 million stock streptococcus vaccine. A careful search revealed no tears of the cervix, vagina, or perineum; the uterus, too, was empty and well contracted, and the lochia quite sweet. Furthermore, I rubbed in pure eucalyptus oil after Dr. Milne's method. Next morning the rash was well marked. The milk, which had at no time been secreted freely, now dried up and the child was weaned. In the evening of the fourth day there was a rigor (104.4° F.). The patient was now becoming very restless and worn out from want of sleep, so I prescribed pulv. dig., gr. ½, pulv. opii, gr. ½, quin. sulph., gr. i—one pill three times a day. The throat from the first was treated every two hours with carbolic oil 1 in 10. There was another rigor on the sixth day (105° F.), but after that the patient gave little cause for anxiety. At this time the baby was noticed to be peeling slightly and was very fretful, but otherwise all right. Mother and child were removed to hospital on the thirteenth day, the baby by this time peeling profusely all over, including the hands and the soles of the feet, whilst the mother showed only slight signs of roughening over the chest and abdomen. At the time of writing (fourteen days later) the mother is peeling profusely, most markedly so on the palms and soles, and I think no one would dispute the diagnosis.

There are one or two interesting points:

First, as to how the infection was introduced. As the district nurse had not been in contact with any scarlatina cases I could only surmise that I had myself brought it. But I learnt later that the mother of a man who had failed with scarlatina a short time previously, came straight from

his home (where she had washed his clothes, etc.) to the house of the patient, and washed her linen and clothes the day before she was confined, and had also been in the room with her; so that the source of the infection is proved.

Secondly, an interesting point is the efficacy of the eucalyptus method of rendering scarlatina paticxas non-infectious. The contacts in this case were the husband, his daughter (aged 5 years), the district nurse, and myself. The husband and small girl had both been in the bedroom in spite of orders to the contrary. The district nurse was a very close contact, as, once the condition was diagnosed, she had to stay in the house and sleep in the same room as the patient—the dwelling being a four-roomed cottage. Mine, too, was naturally a fairly close contact. Not one of the four had had scarlatina, yet no one developed it. The nurse, however, got a very nasty "hospital throat" from nursing in such a small room, but nothing further.

I think the diagnosis cannot be doubted. The source of infection was traced, the patient had all the classical signs, and—most important of all—there was no digital examination of any kind made which could introduce sepsis, and the patient had no previous vaginal discharge.

The last point of interest was the mammary secretion. On arrival at hospital the patient expressed a wish to suckle her child, if her milk could be brought on again. I tried teaspoon doses of lactagol, advertised as a powdered extract of cotton-seed, three times a day. Two days later she began to give her child the breast occasionally; a week later she dispensed with the bottle altogether—*post hoc* or *propter hoc* I cannot say.

J. CHARSLEY MACKWOOD, M.R.C.S.Eng.,  
Newick. L.R.C.P.Lond.

## Reports of Societies.

### EDINBURGH OBSTETRICAL SOCIETY.

Wednesday, November 13th, 1912.

DR. HAIG FERGUSON, President, in the Chair.

#### Marriage and Childbirth.

DR. HAIG FERGUSON, in the course of a presidential address entitled, Some twentieth century problems in relation to marriage and childbirth, said that though he approved of the general principles of the maternity clauses of the National Insurance Act, he feared that the fashion in which it was at present intended to carry them out was likely to destroy the efficiency of the teaching of midwifery. Normal cases were necessary for teaching, and under the present regulations it was almost certain that usually the woman would choose the less expensive attendant, the midwife, and by remaining at home, retain a considerable sum for herself out of the benefit. Hence only abnormal cases would go to hospitals, which in this way would be depleted of the bulk of their teaching material. The dispensaries, too, would cease to have any maternity department, yet there would be no corresponding benefit to labouring women in a city like Edinburgh if for the supervised and senior dispensary student there were substituted the uninspected midwife. The Act would do serious harm to hospitals unless (1) the recipient of the benefit were allowed to retain part for her own use if she went to a hospital, and (2) unless attendance by a senior student under the medical officer of the hospital or dispensary were allowed to count as attendance under the Act. In reference to the biological aspects of marriage, he pointed out an inevitable antagonism between Nature and medicine. Nature was constantly endeavouring to eliminate bad stocks, while, whenever life appeared, it was the duty of the medical profession to preserve it. Though society could not be organized on the principle of a stud farm, much could be done by the suitable training of individuals for their racial duties. Such training should begin with the first breath of life. There was much that was pernicious in present educational methods—for example, the constant preparation for examination of young girls aged between 14 and 18. Its cessation would result in a stronger race of women. The diminishing birth-rate was largely due to voluntary causes. There had been no great increase in sterile marriages during the last forty years, whereas there had been quite an abnormal increase in the number of small families.

with having omitted. Now that Sir Frederick Treves has supplied it, I think every unprejudiced reader will perceive that the quotation I made is really independent of it. It is my method, on the platform, to supply facts and not opinions. I think every antivivisectionist knows that Sir Frederick Treves upholds vivisection, and I invariably announce that fact as I did in Glasgow.

My point is that vivisection is an unscientific practice, inasmuch as we cannot argue from animals to man. It is in this connexion, and in this connexion alone, that I quoted your correspondent as an expert in a particular feature of abdominal surgery, namely, that of intestinal suture, and, as you yourself noted, I quoted other famous surgeons in regard to other features concerning which they could speak with equal authority.

The fact that Sir Frederick Treves is a believer in vivisection adds weight to his testimony that "such are the differences between the human and canine bowel that when he came to operate upon man he found that he was much hampered by his new experience, that he had everything to unlearn, and that his experiments had done little but unfit him to deal with the human intestine." His letter proves conclusively that I quoted him "fairly and squarely," and did not omit a single word of what he said upon the subject.

He says I ought to have added a remark he made in the *Times* four years later, to the effect that he "was keenly aware of the great benefits conferred upon suffering humanity by certain researches carried out by means of vivisection." But that was merely an expression of opinion upon "certain researches" which he failed to specify, otherwise I should have been prepared to answer him. What he did definitely specify I quoted in full—namely: "Speaking of suturing of intestine, I said that I had found that operations upon the intestines of dogs were useless as a means of fitting the surgeon for operations upon the human bowel." This expression fully bears out Professor Starling's dictum that "the last experiment must always be on man."

Sir Frederick Treves must excuse me if I place more reliance upon his facts derived from his own practical personal experience than I do upon his opinions in regard to the unspecified "researches" of others.—I am, etc.,

WALTER R. HADWEN, M.D., J.P.,

President of the British Union  
for the Abolition of Vivisection.

Gloucester, Dec. 1st.

#### THE HEREDITY OF LEPROSY.

SIR,—In his memorandum on the Contagiousness of Leprosy, in the *JOURNAL* of November 16th, p. 1386, Dr. C. R. Maitland Pattison refers incidentally to the heredity of the disease. In their report (1893) the Leprosy Commissioners in India came to the conclusion that leprosy was not hereditary, and since then further evidence has been forthcoming in support of the correctness of that conclusion. There is a very good reason for calling attention to the matter here, as Europeans who have contracted leprosy will be unnecessarily disturbed in their minds if they come across Dr. Maitland Pattison's memorandum.—I am, etc.,

GEORGE PERNET, M.D.,

English Editor of *Leprosy* (the International  
Journal for Leprosy).

London, W., Nov. 30th.

#### CRIMINAL HEREDITY.

SIR,—In the *JOURNAL* of November 30th, p. 1568, you quote some remarks of the late Sir William Gairdner that "the Tasmanians were remarkably free from all such apparent reversion" of inherited instincts—that is, criminal. The following figures taken from the Transvaal census of 1904 may be of interest:

The proportions per 10,000 living males in prison:

Whites born in the Transvaal	...	7.42
" " Britain	...	80.64
" " Europe	...	72.59
" " America	...	305.74
" " Australasia	...	97.90
" " Asia	...	6.34

The best behaved were white men born in Asia mostly of British parentage.

Some of these Australasians may have been born in Tasmania, the majority came from Australia.—I am, etc.,

GEO. TURNER,

December 2nd. Late Commissioner for Transvaal Census, 1904.

#### NEW DRUGS.

SIR,—I hardly think that Dr. Stephens's letter in last week's *JOURNAL* (p. 1582) requires an answer from me. He must surely know that inorganic salts which are absorbed act in proportion as they ionize, and that calcium iodide exerts the action of the calcium ion and the iodide ion; and so with the second substance he claims to have introduced into medicine. One can, of course, ring the changes with these salts indefinitely without producing anything new therapeutically. They are different combinations of ions, of which the action of each has long been known and more or less thoroughly investigated. One simple example will make my meaning clear: quinine nitrate might be introduced as a new drug, and I suppose we should all regard the claim as ridiculous, but if it were introduced as a new and for physical reasons superior method of administering quinine, it might possibly deserve our respectful attention.—I am, etc.,

Cambridge, Dec. 3rd.

W. E. DIXON.

#### PROGRESSIVE LENTICULAR DEGENERATION.

SIR,—In your generously appreciative editorial of this week on my work on progressive lenticular degeneration, regret is expressed that the name proposed for this new nervous disease leaves out reference to the cirrhosis of the liver, which is, there can be no doubt, an essential part of the malady. May I be allowed to remark that my chief reason for not including that element of the affection in the title is that there are no symptoms during life referable to the hepatic cirrhosis? Clinically, as far as I have seen, the symptoms are exclusively nervous, and this being so, a neurological nomenclature appears to me desirable. Further, unless some shorter yet equally inclusive title for the disease can be suggested—and I should be only too delighted if it were—I am loth to add to its already somewhat lengthy denomination.—I am, etc.,

London, W., Dec. 2nd.

S. A. KINNIER WILSON.

## Universities and Colleges.

#### UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—H. B. Carill.  
M.B.—W. H. Camm, D. Embolton, A. H. Gosse,  
B.C.—W. H. Camm, A. H. Gosse.

#### UNIVERSITY OF LONDON.

##### Proposed Club.

A MEETING was held at the university on Foundation Day (November 28th), the Principal, Sir Henry Miers, presiding, to consider the question of establishing a club for graduates, teachers, and officers of the university. In the letter convening the meeting it was stated that the Senate, while disapproving of the formation of a social club of which men and women undergraduates could become members, would welcome the establishment of a club for graduates, teachers, and officers, and would be prepared to consider an application for an annual subvention if the premises provided satisfactory accommodation for the meetings and business of undergraduates' societies and for other university purposes. A resolution moved by Mr. Wickham Hurd, LL.B., proposing the establishment of a club on the general lines approved by the Senate, was carried unanimously, and a committee was appointed to consider the best means of carrying the resolution into effect, with instructions that the club should be a members' club in preference to a proprietary club. The committee is to report to another general meeting. It was generally considered that the annual subscription should be moderate, and that every effort should be made to meet the requirements of provincial members, of whom it was hoped that a large number would join. The committee was, however, requested to consider and report on various schemes.

##### The Reitlinger Prize.

The Paul Philip Reitlinger Prize, offered this year for an essay embodying the result of some research work on a medical subject, has been awarded to Frederick James Fitzmaurice Barrington, M.S., University College Hospital Medical School, for an essay on The Innervation of the Bulbo-urethral Glands, and their Histological Changes during Activity. The prize, which is of the value of £30, was founded with funds given to the university by Mr. Albert Reitlinger in memory of his son, a student of St. George's Hospital Medical School, who died on December 3rd, 1911. Next year the prize will be awarded for the best essay on the influence of the conception of evolution on moral or social philosophy.

was ever ready to help without ostentation those who were in need. He died as he would have wished to die, "in harness"; he has passed, "his soul well knit and all his battles won"; and he has left behind him a career of unimpaired reputation, an example of professional integrity, and the fragrant memory of a good man. J. P.

### GEORGE FREDERICK ROUMIEU, M.A., J.P.,

CORONER FOR WEST SURREY.

THE profession in West Surrey has heard of the death, at the age of 61, of Mr. George Frederick Roumieu with much regret. He was a man of fine physique, but fell a victim to cancer. He was born in Kent of Huguenot stock and had lived in Farnham for fifty years. He was educated at Christ College, Finchley, and Jesus College, Cambridge. He took his degree in 1877 and was called to the Bar in 1880. He had been coroner for West Surrey for thirty years. He had made many friends amongst all classes, and especially amongst members of the medical profession. He was essentially a doctor's coroner. When President of the Coroners Society he worked hard, though unsuccessfully, to get the Coroners Act amended, in order that honorary medical officers to institutions might receive fees for making *post-mortem* examinations and for giving evidence at inquests. He, further, always showed his interest in and sympathy with the profession in never allowing a jury to criticize a medical man's actions. When any jurymen took it upon himself to suggest that the doctor should have acted otherwise than he did, his invariable remark was, "Gentlemen, your duty here is to determine the cause of death and not to criticize the action of a member of a noble and self-sacrificing profession." A man of pronounced opinions, to which he fearlessly gave expression, his nature was genial to a degree. He was given to much hospitality, and was often embarrassingly generous to his friends. A keen sportsman, a good shot, and one who could throw a fly for salmon or trout with any one, it was a great pleasure to him to entertain his friends at some country house in Scotland or the North of England during the shooting season.

He led a busy life, as besides his professional work he had many hobbies, and was associated with many business concerns. He was twice President of the British Dairy Farmers Association, and for many years he acted as judge at the Royal and other shows of Dexters and Kerrys. He was a director of Welfords, Ltd., and of several local companies in Farnham. A born gardener, he had recently taken to market gardening as a hobby, and though the venture was doubtless not a great success commercially, he was content if it paid for the labour he employed. He was for many years a county magistrate, a member of the board of guardians, the rural district council, the urban district council, chairman of the parish council and the Farnham Joint Isolation Hospital Committee. He had done much work as a Freemason as a younger man, having twice held the position of Warden in the Province of Surrey, and at the time of his death he was M.E.Z. to the Cable Chapter. He leaves a widow and a brother, the Rev. J. J. Roumieu of Reigate, besides a host of friends, to mourn his loss.

### JAMES C. COX, M.D. EDIN.,

LATE PHYSICIAN TO THE ROYAL PRINCE ALFRED HOSPITAL,  
SYDNEY, N.S.W.

DR. J. C. Cox, whose death occurred in Sydney a short time ago, was one of the oldest practitioners in New South Wales. He was born at Mulgoa, some thirty miles from Sydney, in 1834. Early in life he showed great love for natural history, and it was this inclination that determined his father to put him into the medical profession. At that time the aborigines were very numerous around his father's station, and he thus acquired a knowledge of their language and the native names for many of the indigenous fauna—a knowledge which stood him well in later years when he was associated with the Australian Museum. He was educated at the King's School, Parramatta, and also at the Sydney Grammar School. He was then articled to a Sydney surgeon, the fee paid being £300. As a medical student he attended the practice of the Sydney Infirmary, and was present to assist the late Dr. Allevne in the performance of the first operation

under chloroform in Australia. He then proceeded to Edinburgh University, where he took the degree of M.D. He returned to Australia in 1858, and almost immediately was called upon to perform a very serious operation upon the late Dr. McEwen, and the success of this operation was the beginning of a very successful professional career.

It is believed that he was the oldest Freemason in Sydney, his membership dating back to the time when he reached his majority. He was also the oldest member of the Australian Club, and a few years ago he was entertained at dinner by the club in honour of the fiftieth year of his membership. On that occasion he made an interesting speech in which he recalled many incidents in the early history of the colony. Dr. Cox was the first lecturer on the principles and practice of medicine in the University of Sydney, and was physician to the Royal Prince Alfred Hospital. These positions he resigned some twelve years ago. He was also for many years chief medical referee of the Australian Mutual Provident Society, a position he only resigned last year.

Dr. Cox was equally well known for his interest in Australian history and natural science. He was president of the first New South Wales Board of Fisheries, and was well known as a conchologist. He was also president of the trustees of the Australian Museum.

Dr. Cox married three times, and is survived by his widow, two sons, and six daughters, one of whom is now the Countess of Lindsey. He was buried in his native town of Mulgoa, the funeral being attended by a large number of representative medical and scientific men.

ONE of the few remaining members of the medical profession who took part in the Crimean war passed away last week in the person of Dr. GEORGE WHITFIELD SPARKE, of Mansfield. Dr. Sparke, the son of a surgeon in the Royal Navy, was born in 1829, and eventually became a student of St. Thomas's Hospital, where he took the M.R.C.S. in 1853 and the L.S.A. in the following year. Almost immediately afterwards he joined the army in the Crimea as assistant surgeon in the Royal Artillery, and served with the batteries to which he was attached before Sebastopol and elsewhere until the end of the war. For these services he was awarded the British Crimean medal with clasps and also the Turkish medal. A few years later he settled down in Mansfield, where he acquired a considerable practice, holding appointments under the Poor Law and as Government inspector of recruits and pensioners. He had some taste for surgery, and it was largely due to his energies and influence that the Mansfield Woodhouse Hospital, which serves a large colliery district, was established some thirty-five years ago. At one time he was its senior surgeon. He also took an interest in the auxiliary services, and at one time held a commission in the Volunteer Battalion of the Derbyshire Regiment. He retired from practice a good many years ago, but continued to live in the neighbourhood.

## Medical News.

DR. F. E. FREMANTLE, M.O.H. for Hertfordshire, has been chosen as one of the Unionist candidates for the parliamentary representation of Stockport.

THE President, Dr. Morgan Dockrell, and Council of the London Dermatological Society, will hold a *conversazione* at 49, Leicester Square, W.C., on Saturday, December 7th, at 8 p.m.

THE thirteenth annual West Somerset medical dinner will be held at the London Hotel, Taunton, on Tuesday, December 10th, at 7 p.m. The charge will be 6s. a head, exclusive of wine. Guests may be invited.

AT the meeting of the Pharmaceutical Society of Great Britain, to be held at 17, Bloomsbury Square, on Tuesday, December 10th, at 8 p.m., Dr. Owen T. Williams, Lecturer in Pharmacology at the University of Liverpool, will read a paper on cod-liver oil, illustrated by lantern slides, and Mr. W. Harrison Martindale, Ph.D., a paper on digitalis assay.

AMONG the lectures to be delivered at the Royal Institution before Easter is a course of six on heredity of sex and some cognate problems, by Professor W. Bateson, Fullerian Professor of Physiology. The Friday evening meetings will commence on January 17th, when Professor Sir J. J. Thomson will deliver a discourse on further applications of the method of positive rays.

IT is stated that five sets of apparatus for the cremation of dead bodies have been imported into Servia for use on the battlefields.

AN antityphoid vaccine laboratory has recently been established at Nancy. Professor Chantemesse's vaccine is to be employed.

A DESCRIPTION of the diagonally compensated bracing system on all four wheels is contained in an Album for 1913 issued free by Argylls, Limited, Alexandria, Dumbartonshire.

THE first meeting of the Southport Medical Society for the current session took place on November 27th, when Dr. W. A. Mackay, the new President, delivered an address on modern methods of diagnosis.

THE next meeting of the Hunterian Society will be a clinical and pathological evening, which will be held on Wednesday, December 11th, at 9 p.m., at St. Bartholomew's Hospital, by kind permission of the authorities.

EXCELLENZ PROFESSOR CZECHNY, of Heidelberg, celebrated his 70th birthday on November 19th. A street in Heidelberg has been named after him, and his old pupils have subscribed for a bust to be placed in the Samariterhaus.

As a result of the collections made on Queen Alexandra Day last summer a sum approximating £11,000 has been distributed between some sixty-five charities of a medical kind doing their work in or for London. The sums awarded ranged from £300 downwards.

THE annual meeting of the London Cremation Company will be held at the offices of the company, 324, Regent Street, W., on Thursday, December 12th, at 3 p.m. The report to be presented states that during the twelve months under review 592 cremations were carried out at Golder's Green, as against 531 for the preceding twelve months, being an increase of 61.

A DINNER, followed by a meeting of the Association of the Fellows of the Royal College of Surgeons in Ireland, was held on Wednesday, November 27th, at the Hotel Cecil, London. Lieutenant-Colonel Adye-Curran, President of the association, who was in the chair, said that the objects of the society were (a) to further the welfare of the College, and to safeguard the interests of its graduates; (b) to ensure that members of the association should take an active part in the proceedings of the annual or other meeting of the College; (c) to approach the council upon all matters affecting the material interests of the College and its graduates; (d) to give the council of the College all the support possible in all matters of professional interest when the association considered such advisable. It was unanimously resolved to form a council in London, and to take immediate steps to initiate an active propaganda. The Fellows who took part in the discussion were Lieutenant-Colonel Adye-Curran, Drs. John H. Dauber, Canny Ryall, Shepherd Boyd, Thomas North, Edward Yeates, Joseph F. Peart, Thomas Wilson, and Frederick Spicer. Any Fellow of the College wishing to join the association should communicate with the secretary, Dr. Andrew Charles, 64, Harcourt Street, Dublin; or with the London Secretary, Dr. Frederick Spicer, 142, Harley Street, London, W.

THE medical and other graduates of the University of Glasgow resident in and around the metropolis met together on November 29th for the half-yearly dinner of the London Glasgow Club. Professor Medley was in the chair, and among those present were Sir Donald MacAlister, Sir Henry Craik, M.P., and Surgeon-General Babbie, V.C. In proposing the toast of the evening, Professor Medley suggested that the fact that he had been invited to take the chair was in itself good evidence of the excellent relations existing between the club and the university. The time when cordial relations did not exist between the senate of the university and a certain number of its graduates had long since passed. A committee of the general council, appointed ten years ago, had done much to bring the university and its graduates into closer relations. It had also brought about an extension of the Students' Union. A number of Glasgow institutions not previously connected with the university had recently been knocking at its doors; one of them, the Technical College in Glasgow, had already been affiliated. The directors of technical institutions felt that the applied sciences were not sufficient in themselves for the purpose of education, and were everywhere beginning to see the advantage of co-operation with institutions whose aim was the pursuit of knowledge for its own sake. The members of the club had been very generous to university institutions in Glasgow, and he was charged with a special message of thanks from the athletic club. The toast to "The Guests" was proposed by Dr. C. O. Hawthorne, and acknowledged by Mr. F. Henderson, of Glasgow. The medical honorary secretary of the club is Dr. David S. Roxburgh, 30, Seymour Street, Portman Square, W.

## Letters, Notes, and Answers.

*Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.*

### QUERIES.

#### INSPECTION OF MENTALLY DEFICIENT CHILDREN.

A SCHOOL INSPECTOR would be grateful for any forms of report on mentally deficient children, both on the physical examination side as well as on the physiological aspect. Any reference to a work containing a good anamnesis for examining mentally defective children would be welcomed.

### ANSWERS.

#### DEFECTIVE EYESIGHT AFTER CONFINEMENT.

MR. KENNETH CAMPBELL (London, W.) writes: In reply to Dr. J. A. Wilson (Cambuslang), may I suggest that the defective eyesight in the cases he cites arises either from (a) detachment of retina or (b) haemorrhages into retina?

#### BENEDICT'S TEST FOR SUGAR IN URINE.

R. J. L.—A. R. Benedict recommended in 1911 the following solution in the place of Fehling's solution for the estimation of reducing sugars in urine, on the ground that the action is more sensitive and the solution keeps indefinitely: Copper sulphate, 18 grams; sodium carbonate, 200 grams; sodium citrate, 200 grams; potassium thio-cyanate, 125 grams; 5 per cent. potassium ferrocyanide sol., 5 c.cm.; water to 1 litre. The copper sulphate should be carefully weighed. The test is carried out as with Fehling's solution, the end point being the disappearance of the blue colour; 25 c.cm. of the mixture are reduced by 0.05 gram of dextrose, and by 0.053 of laevulose.

### LETTERS, NOTES, ETC.

#### PHYSIC ON THE CARPET.

DR. CLIPPINGDALE sends us the following from the *Public Advertiser* for May, 29th, 1765: "A Bill for regulating the Practice of Physic was on the carpet when the last letters were received from Jamaica."

#### MODERN FRENCH VIEWS ON NEPHRITIS AND URAEMIA.

DR. CHARLES G. JARVIS (Paris, November 30th) writes: May I be permitted to correct a sentence appearing in my letter published in your last issue, and which, through the omission of three words, is meaningless. The sentence should read as follows: "Visceral oedema can be easily suspected when a rapid decrease takes place in the weight of a patient placed on a dechloridized diet." For oedema of deep lying structures "melts" in the same way as subcutaneous oedema when salt is withheld from the patient's food and his weight decreases accordingly.

#### BRITISH RED CROSS STAMPS.

THE British Red Cross Society has issued three stamps from



the design of Mr. Bernard Part-ridge with the view of helping its funds. The design is shown in the accompanying drawing. The stamps are of three denominations—green a penny, blue a shilling, brown five shillings, and it is suggested that they might be used for fixing to a Christmas card or to the

envelope in which it is enclosed. The work which is being done by the British Red Cross Society is described in another column, p. 1617.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Eight lines and under	...	...	0 4 0
Each additional line	...	...	0 0 6
A whole column	...	...	2 13 4
A page	...	...	8 0 0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *postes restantes* letters addressed either in initials or numbers.