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.

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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