the green colour with the latter which inosite is known to do, and which perhaps may be caused by other bodies also. Examining a high-coloured but healthy morning urine the other day, we found it to indicate a grain and a quarter of sugar to the ounce. The absence of a reaction with the copper test in these cases is sufficient to show that these results were not due to glucose, and if due to the presence of indican, to which little clinical significance has yet been attached, it seems a serious objection to the picrate test. With reference to the delicacy of the copper test Dr. Roberts, while mentioning the fact that when the urine contains less than half a grain per cent. of sugar the precipitate of suboxide does not take place till the liquid cools, by no means limits it to the detection of this amount. On the contrary, he states¹ that one-tenth of a grain per fluid ounce, or less than one-fortieth of a grain per cent. can with certainty be detected by the test. On adding to a normal urine, which gave no reaction with Fehling, this small proportion of glucose, we found the milkiness produced with the test was quite pronounced and decisive; a quarter of a grain to the ounce, or less than one-sixteenth per cent. gave a distinct precipitate, and this became quite dense and of a yellowish tinge when the proportion of sugar was raised to one grain to the ounce. When glucose is dissolved in simple water, one grain in ten pints (1 in 96,000) yields a perceptible deposit, according to Dr. Roberts²; and this also is easily verified by direct experiment. This is twenty times more delicate than the picrate of potash test, with which it is impossible to detect, in pure water, less than one-tenth of a grain to the ounce, or 1 in 4800. This results from the fact that the potash alone, in the entire absence of sugar, reacts on the picric acid when the mixture is boiled, and produces a considerable colouration. If eighty minims of pure water be boiled with thirty of liquor potassæ and ten of picric acid solution, the mixture will be found to assume a reddish tinge, such as to indicate no inconsiderable fraction of a grain of sugar to the ounce. If we now boil the same quantity of a solution of grape sugar, containing one-tenth of a grain to the ounce, with the same proportions of the test fluids, the resulting colour is identical with that obtained in the former case, and it is therefore impossible to detect the glucose. If, however, we increase the amount of the two mixtures to half an ounce, in the one case by the addition of water, and in the other of the glucose solution, this action of the potash on the picric acid is much diminished, and the colour becomes so much deeper in the saccharine specimen as to enable us to decide on the presence of sugar. But when we reduce the proportion of the latter to one-twentieth of a grain to the ounce, there is no colouration produced sufficient to ensure its detection with certainty. The potash and picric acid test, therefore, is not more delicate in simple water than the copper test is in the presence of all the constituents of the urine. The former cannot be considered reliable for quantities less than two grains to the ounce, though it is probably trustworthy for higher proportions.

I am, Sir, yours truly,

Partick, Glasgow, June 11th, 1883.

ROBERT KIRK, M.D.

BUTTER OF ANTIMONY AS A POISON.

To the Editor of THE LANCET.

SIR,—Since the publication of my report in your columns of May 19th on a case of poisoning by butter of antimony, of a suicidal nature, a case of murder by the same corrosive article has occurred, and the prisoners have been committed for trial.

I have been in communication with Mr. Mundella in reference to the subject, and—although, according to the *Pharmaceutical Journal*, a previous application to the Privy Council had been made, of which I was unaware, to introduce butter of antimony into the second part of the schedule, under the Sale of Poisons Act, and had been refused, I am happy to say, considering the dangerous properties of the drug and the readiness with which it may be obtained from the shops, it has been intimated to me from the Privy Council office that my representations are under consideration, and further I have it, on the best authority, that “butter of antimony will be duly scheduled.” We have had the bane, we shall now have the antidote to it.

It is “a dynamite” of its own for evil purposes, and might easily be given in tea, treacle milk, or gruel, to an unsuspecting person without his being sensible of its deleterious properties by sight, taste, colour, or smell.

I am, Sir, yours truly,

Scarborough, June 10th, 1883.

R. BARRINGTON COOKE.

A CASE OF SCURVY OCCURRING AS A COMPLICATION OF HEART DISEASE AND SYPHILIS.

To the Editor of THE LANCET.

SIR,—The following case is, I believe, of sufficient interest for publication.

G. M.—, aged forty-five, came under my care for the first time in September last, suffering from long-standing aortic obstruction and regurgitation together with the usual train of symptoms denoting cardiac failure. He was also the subject of tertiary syphilis, having a large ulcer over the manubrium sterni connected with that bone, and symmetrical gummata in the sterno-mastoid muscles, which subsequently suppurated; he had, moreover, lost an eye from “inflammation” some years previously. The progress of the case presented nothing unusual till March this year; and, although distressful symptoms were markedly relieved by treatment, the condition of the patient was one of increasing weakness.

On March 19th he complained of unusually severe pains in his joints and back, and the following day petechiæ began to appear on the trunk and limbs. On the 21st a large brawny swelling appeared in front of the left elbow-joint, with deep-seated œdema of the forearm and hand. Subsequently effusion took place into the cellular tissue of each orbit, quite closing the eyelids; and the right forearm also was the seat of extensive intermuscular effusion. The petechiæ meanwhile increased in size and number. The gums, though unhealthy, were not particularly affected, but the fetor of the breath was almost unbearable. Intestinal hæmorrhage and bilious vomiting soon supervened, and the patient died on the 29th of March. The diet of this patient had not been at all limited in kind, and for a man in his condition he had, up to a fortnight before his death, taken a fair amount of nourishment; so that, although one cannot exclude mal-assimilation as a factor, I am inclined to attribute the origin of scurvy in this instance to the mal-nutrition resulting from disease. The combination of morbid elements present was peculiarly favourable to the production of profound cachexia,—viz., a diseased and failing heart, impure blood, and an arterial system seriously affected, in all probability by the syphilitic poison.

I am, Sir, yours obediently,

Heckmondwike, June 1st, 1883. JAMES TURTON, M.R.C.S.

LIVERPOOL.

(From our Correspondent.)

SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

ON April 19th last a town's meeting was held in Liverpool under the presidency of the Mayor, to organise a Society for the prevention of cruelty to children. The meeting was well and influentially attended, and a committee was appointed to draw up rules under which the future operations of the Society will be carried on. The committee have done this on a very comprehensive principle. Thus, the term “children” is held to include (in case of need) all young persons who are unable to protect themselves. “Prevention” includes inquiry into causes which produce suffering and disease, and publication of results, ascertaining and spreading information as to the laws affecting children and the promotion of such changes as may be desirable, and the encouragement of such literature as may remove ignorance concerning children, together with the discouragement of publications calculated to injure them. There are other excellent rules of an equally comprehensive kind, and it is greatly to be hoped that the Society may be successful. How much preventable cruelty there is among the children of the lower classes in large towns is well known to members of the medical profession, and, startling though the name of the Society sounds, the wonder is that the children were not thought of before the animals.

¹ Urinary and Renal Diseases, p. 189.

² Page 187.