

# THE CANADA MEDICAL RECORD.

VOL. XIV.

MONTREAL, JUNE, 1886.

No. 9.

## CONTENTS.

<b>ORIGINAL COMMUNICATIONS.</b>				
Clinical Lecture.....	529	A Few Practical Observations on Vaccination, the Preservation of Lymph and other Points.....	543	Diarrhoea and Feeding Bottles.....
<b>SOCIETY PROCEEDINGS.</b>		The Prophylaxis of Asthma.....	544	Reduction of Premature Labor.....
Medico-Chirurgical Society of Montreal.....	535	Therapeutic.....	545	The Treatment of Epilepsy.....
<b>PROGRESS OF SCIENCE.</b>		Management of Breech Presentations	546	Nux Vomica in Prolapsus Ani.....
The Treatment of Acute Infantile Bronchitis.....	535	Inhalations in Phthisis.....	547	A Liniment for Earache.....
Irrigation in Bowel Diseases in Children.....	538	Obstetric.....	547	A Painless Method of Introducing the Catheter.....
The Dietary in Indigestion.....	539	The Management of Placenta Pravva. Treatment of Painful Fissure of the Anus without Operation.....	548	Treatment of Scabies.....
Food in the Treatment of Neurasthenia.....	541	The Treatment of Epilepsy with Borax.....	549	
		The Cure of Asthma.....	549	
				<b>EDITORIAL.</b>
				College of Physicians and Surgeons, Province of Quebec.....
				Toronto Medical Society.....
				Canadian Medical Association.....
				The Ontario Medical Association.....

### Original Communications.

#### CLINICAL LECTURE.

Delivered at the Montreal General Hospital February 23rd, 1886.

By FRANCIS W. CAMPBELL, A.M., M.D., L.R.C.P.L.  
Dean of and Professor of the Theory and Practice of Medicine in the Medical Faculty of Bishop's College.

#### LEAD COLIC.

The two patients which I now present to you, have been twice before you in the Out-door Department of the hospital, but, owing to the number of patients who are continually seeking relief, I was able to make but a few very casual observations upon the disease under which they are suffering; and also because I desired to keep them and bring them before you to-day, when I would have an opportunity of going more fully into their history, which, as taken by my clinical clerk, Mr. Punchedard, is as follows:

I. Leoupt has been a painter now for eleven years, has had the present symptoms for the last three years. His work is chiefly indoor; has used all kinds of paints and white lead frequently. He is not given to drink steadily, but occasionally goes on a spree. He first found his appetite failing, and general debility, eyesight poor, and unable to hold his brush for any length of time. General twitching of the facial muscles, a blue line surrounding each tooth—more marked in upper than lower jaw. His bowels are more or less constipated, complains of thirst. Skin of a pale sickly hue, pain in the stomach and also in the limbs of a neuralgic character.

Ulric Beauchamp has been a painter for fifteen years, has been troubled with present symptoms for a month and a half, has also used all kinds of paints, and constantly white lead. His appetite is poor, has been used to drinking beer at his meals, has always been careful to wash his hands before eating. He is now principally troubled with weakness of his hands, pain in his limbs and constipation, also complains of thirst, skin of a pale hue, and a marked blue line around the gums, his principal trouble is in his hands.

The disease is known under a variety of names 1. Saturnino. 2. Painter's Colic. 3. Plumbers' Colic. 4. Colica Pictonum. 5. Rachialgia. 6. Dry belly ache. It is met with in men who are employed working in lead. It is generally developed gradually. As a rule there are prodromic symptoms, such as pallor, often a yellow condition of the skin, peculiar sweet fœtor from breath and a sweetish taste in the mouth, loss of appetite, constipation, wandering pains in limbs, partial, emaciation and muscular debility. Then there comes a slight pain in the abdomen, which gradually increases in intensity. This pain may be in the epigastrium or hypogastrium, but most often it is close to the umbilicus. Rarely it extends over the whole abdomen, and at times shoots into the back. Its character is sometimes dull and aching, at others it is sharp, acute, lancinating. In severe cases the pain is extreme, causing the patient to groan and cry out. The abdomen is generally retracted, sometimes so much so that the bodies of the vertebræ can be seen through the abdominal parietes. The retraction is regular as a rule, giving the abdomen a boat-shaped look. At rare times the retraction is irregular, and the abdomen may be the reverse, i.e., swollen. Pres-