

became gradually worse, so that only short distances could be walked without resting. In February, 1915, he could no longer walk. The left leg became heavy and helpless and cold and the seat of extreme pain and tenderness. The calf became smaller and flabby. He was treated with electricity and potassium iodide, but grew steadily worse. Hot packs, massage, rest, and exposure to the sun were then tried and he improved. A few ulcers developed on the outer side of the foot and spread rapidly. They were treated with the therapeutic lamp and they healed. In October the ulcers re-formed and necrotic areas developed at their site. Three weeks before admission to hospital the little toe was removed, but the sloughing continued. On examination the patient was found to be a frail, anemic, ill-nourished man. The tongue was coated and there was a suggestion of a blue line on the gums. The muscles of the left thigh and leg were markedly atrophied. No pulsation could be felt in the dorsalis pedis or any other artery of the left lower limb up to and including Poupart's ligament. The urine contained traces of lead. The fundi were normal. The Wassermann reaction was negative. Nothing is said about the treatment of the case, Dr. Timme remarking: "No adequate therapy has yet been devised." In this country Dr. F. Parkes Weber has pointed out the comparative frequency of arteritis obliterans among male Jews in the East End of London who are in the habit of smoking a large number of cigarettes. He suggests that unwholesome food and racial factors play a part in the etiology. Other causes suggested are syphilis and arterio-sclerosis. Kolisko has stated that he has seen obliterative arteritis frequently in chronic lead poisoning. This view is borne out by an American writer, Victor C. Vaughan, who, in an article on mineral poisons, declares that the changes in the vessels in lead intoxication are those of arteritis obliterans. Arterio-sclerosis, of course, is a well-recognized result of this poison.—*The Lancet*.