

tatic portion, and almost immediately something was felt. On examining more carefully, Dr. Roddick discovered a pediculated tumor attached to one side of the neck of the bladder. This he freed with his finger-nail and extracted. The tumor was almost as large as a hen's egg. For a few days the man had some elevation of temperature, but now he was convalescent, and was passing his water by the urethra. Dr. Roddick remarked that he had several times explored the bladder as in this case, but that this was the first time he had ever discovered a tumor.

Dr. MOLSON presented to the Society two large calculi which had been lately passed by one of his patients, who had had frequent attacks of renal colic and bloody urine.

Lead poisoning.—Dr. MIGNAULT then read a paper on two cases. The first case was well marked. Patient, a young woman, came under his care at the Hotel Dieu Hospital, suffering from wrist drop, constipation, colic, and distinct blue line of gums. There was also extreme wasting of the extensor muscles, and also of the muscles of the ball of the thumb; this wasting had been rapid. The source of the lead poisoning had been traced to some pickles which the patient had eaten in large quantities three or four times a day, having been advised to do so for loss of appetite. Lead was found in large quantities in the vinegar used to preserve the pickles. There had been several similar cases in the neighborhood where the woman lived which had all been traced to the eating of pickles. In the second case, the poisoning was also due to the eating of pickles. In this case, besides the wrist-drop, blue line, colic, &c., there was marked melancholia and mental depression.

Dr. F. W. CAMPBELL looked upon mental depression as frequently present in lead poisoning. He advised large doses of iodide of potassium to be given—half to one drachm doses.

Dr. GURD explained that the common kinds of pickles were kept in glazed earthen jars before being bottled, and that oxide of lead was used for glazing the cheaper earthenware; this, when brought in contact with vinegar, was dissolved out in the form of the soluble acetate of lead, and so poisoned the pickles.

DRS. GARDNER, L. SMITH and MOLSON, each reported a case of lead poisoning. Dr. Molson's case ended fatally, and delirium was a marked symptom from the beginning. The man had been employed mixing paints for some two months, and

the attack commenced with colic, later there was constipation and mental depression, then delirium. The wrist-drop only came on during the last three weeks. Patient died of exhaustion.

Dr. JAS. BELL said that there were two kinds of lead poisoning—acute and chronic—and he had, whilst medical superintendent of the Montreal General Hospital, seen many cases of both kinds. He believed, in the chronic form wrist-drop was a remote symptom, and not accompanied by colic, as in Dr. Mignault's cases. The blue line could be caused by other sulphides than lead. He thought the rapid wasting of the muscles not a common symptom in lead poisoning, and suggested that Dr. Mignault's first case was not one of lead poisoning at all, but due to some trophic changes. It looked very much like a case of polio-myelitis of spinal cord.

Dr. JAS. STEWART asked if the deltoid muscle was affected. He said in any case of paralysis the extensors were the first to suffer, and, last of all, the intrinsic muscles of the hands. If these were affected early, he thought Dr. Mignault's first case might not be entirely due to lead poisoning.

Dr. HY. HOWARD wanted to know how the iodide of potassium acted, and the effect of the lead on the nervous system. He said: It is a remarkable fact that in all cases of muscular atrophy and paralysis of parts from poisons, so much depends upon the poison as to how the nerve centres are attacked. For example, in the case under consideration, lead poison, the highest centres—that is, intelligence—although the lowest organized, is the last attacked; the first being the afferent or peripheral sensory nerves, rendering the parts anæsthetic. Now, because the trophic nerves are paralyzed; they can no longer perform their function; and, in accordance with the natural law of waste and supply, or of evolution and dissolution, it is all waste and no supply, consequently atrophy of the part that has been deprived of its supply. The next stage is the natural consequence of the first, the peripheral nerve lesion—that is, motor paralysis—and why? Because the roots of the motor nerves leaving the spinal cord, as well as the cord itself, are supplied by these trophic nerves, consequently these parts lose their supply, and the waste causes paralysis of the motor nerves. Thus do we account for the atrophy and paralysis of a certain group of muscles from the toxica of lead poisons, and, I have no doubt, for other functional symptoms that we find in cases of lead