inhabiting such waters and to the human population using them for their supply of drinking water, but arsenic may be resorbed through the skin of persons bathing in such waters (Leva; Keeser).

Because of the frequent contact of the general population with arsenicals (contained in vegetables, fruits, drinking water, tobacco, wine, as the result of the use of arsenical sprays; in medicinal and cosmetic preparations used for therapeutic or prophylactic purposes; and as contaminants in materials employed in the preparation of foodstuffs [sugar, baking soda, syrup, and glycerin]) the occurrence of arsenic in the hairs, nails and urine of apparently normal persons has become a condition which is not unusual (Schwarz and Deckert; Oppenheim; Throne and Myers; Boos and Werby; Myers, Throne, Gustafson and Kingsbury; Holmes and Remington; Kunkel; White; Remington; Fordyce; Rosen and Myers; Gautier and Clausmann; Gautier; Ziemke; Brooke and Roberts; Barendt; and others). In a discussion of their observations Schwarz and Deckert contended that the demonstration of small amounts of arsenic in the hair is not indicative of arsenic poisoning. This statement is misleading, as the absolute amount of arsenic stored in these keratinous products of the skin is not a reliable index of the injurious action exerted by the arsenic in a particular individual, especially in subchronic poisoning in which definite clinical manifestations of arsenicism may be absent for many years. Occupational as well as general environmental conditions of exposure to arsenicals represent an actual health hazard to larger portions of the general population and have become a serious problem of public health (Myers).

IV. SYMPTOMATOLOGY

As arsenic is a capillary and metabolic poison, it affects many organs (nervous system, alimentary system, respiratory system, hematopoietic system) among which the skin is only one. Inasmuch as the cutaneous manifestations of chronic arsenicism, often accompanying the epitheliomatous lesions, are not always of such a character as to permit a definite diagnosis of their arsenical causation, and in view of the fact that a positive history of a previous occupational, medicinal or environmental exposure to this chemical cannot be obtained in an appreciable number of suspicious cases, a diligent search for additional signs and symptoms of arsenicism, including even transient ones of a rather remote past, must be made whenever indicated. It is essential to know, on the other hand, that cutaneous malignancy of arsenical genesis may represent sometimes the only apparent manifestation of chronic arsenicism. There may be a complete lack of any preceding symptoms of acute or chronic arsenic poisoning. The non-cutaneous manifestations of chronic arsenicism are as follows:

1) *Nervous system:* headache, dizziness, neuralgia, neuritis, paresis of motoric and sensory nerves, affecting especially extremities, paresthesias.