tion, ALA, and PBG declined becoming normal after 5 days' treatment, Hb was 9.7 g/100 ml, reticulocyte count, 4.0%, and the patient was discharged. However, CP and ALA increased after 1 wk, were brought back to normal by the 2nd course of treatment, rose again 2 wk later, and then again brought to normal with the last course. After ∿9 mo from the beginning of the initial treatment, the PP, which remained abnormally elevated for several months, was still at a borderline figure (69 μg/100 ml). The authors suggest that this could be due to the inhibition of heme synthetase at the reticulocyte stage, the more mature erythrocytes continuing to carry the unused PP throughout their life span. The source of Pb was an old Pb-lined drinking glass purchased at a rummage sale. The effect of Pb on an organism, synthesis of ALA, Pb poisoning in relation to porphyrin synthesis, PP concentration of erythrocytes and bone marrow, effects of CaEDTA therapy, etc. are discussed in detail. (29 references)

221. Fullerton, P.M., and Harrison, M.J. (London, England): SUBCLINICAL LEAD NEUROPATHY IN MAN. Electroencephalography and Clinical Neurophysiology 27:718-9 (Sept.), 1969.

Guinea pigs given Pb acetate orally for several months often develop peripheral neuropathy, associated in some instances with considerable slowing of conduction. Pathological changes of segmental demyelination have been demonstrated in such animals.

Although Pb poisoning is still a common industrial problem, paralysis is rare, but it is possible that subclinical damage might be reflected in abnormalities of nerve conduction. Nineteen men who had worked in a Pb battery factory for 5 mo-13 yr were therefore examined. All had raised blood Pb levels and some were anemic, but none had any abnormal neurological symptoms or signs. Twelve age-matched control subjects were studied for comparison.

The lateral popliteal nerve was stimulated at knee and ankle and the muscle action potential recorded through surface electrodes over extensor digitorum brevis. The afferent volley was recorded from the lateral popliteal nerve at the head of the fibula following stimulation at the ankle. There was no statistical difference between the 2 groups for maximal motor conduction velocity, nor for the velocity or amplitude of the afferent volley. If slowing of conduction occurred in only a proportion of the nerve fibers, then maximal velocity might remain normal, but the muscle action potential would become increasingly dispersed the longer the conduction distance. As an indication of dispersion, the amplitude of the muscle response following stimulation at the knee was expressed as a percentage of that following stimulation at the ankle. The value for the Pb workers was 84.8% (SD 12.7) and for the control group was 95.4% (SD 6.9). These differences are statistically significant and suggest that some fibers in the Pb workers were conducting at a reduced velocity.

222. Goodman, J.R., and Hall, S.G. (Veterans Adm. Hosp., San Francisco, Calif.): ACCUMULATION OF IRON IN MITOCHONDRIA OF ERYTHROBLASTS. British Journal of Haematology 13:335-40 (May), 1967.

Abnormal accumulations of Fe in the mitochondria of erythroblasts were observed in patients who developed mild transitory anemia while on a course of chloramphenicol and in patients with porphyria cutanea tarda. The biochemical etiology of this increased deposition of Fe is discussed. One