59 CAUTION IN THE USE OF ARSENIOUS CORROSIVES WITH LIGHT METALS. E. Beintker. Arbeitsschutz, pp. 150 (1938). (German).
A short description is given of two cases of illness caused by pickling metal plates in a corrosive consisting of 33 per cent hydrochloric acid and 2 per cent arsenic.

60 UVEITIS CAUSED BY ARSENIC POISONING. B.S. Brodskii. Viestnik Opht. 11, 898 (1938). (German).
A bilateral chronic riidocyclitis (an inflammation of the middle coating of the eye) developed in a farmer from careless handling of an arsenic disinfectant. The diagnosis was made by finding traces of arsenic in the aqueous humor (eye fluid).

61 DANGERS FROM GALVANIZING SHEET METAL. J. Am. Med. Assoc. (Queries and minor notes) 111, 865 (1938).
The question concerns pulmonary disease from fumes and acids in galvanizing metal: The reply discusses metal fume fever and then sulfuric acid, sulfur dioxide and zinc sulfate. Although several occupational hazards may be present in this industrial operation, "involvement of the respiratory tract does not stand out as pre-eminent."

62 POISONING BY MANGANESE. E.W. Baader. Arch. Mal. Profes. 1, 104-8 (1938). (French).
Cases of manganese poisoning by those inhaling its dust are comparatively rare, only about 130 having been reported in the literature, with a possibility that some have passed unrecognized. Some predisposition to the poisoning seems to be necessary and the symptoms appear generally during the first two years of exposure. The illness begins rapidly and progresses in a few months to a typical and incurable condition. Symptoms usually are: the patient is easily tired and falls to sleep easily; unsteady gait; difficulty in ascending a slope; little control over facial muscles or expression; both speech and writing are protracted and slurred; swallowing may be difficult; and there are sometimes violent pains with cramps in the muscles.

63 EXPERIMENTAL RESEARCH INTO THE TOXICOLOGY OF MANGANESE. A.C. Lemos. Arch. Mal. Profes. 1, 119-23 (1938). (French).
Experiments are described on rabbits exposed to doses of manganese administered subcutaneously, in their food, by stomach tube, and by inhalation of dust over long periods. The metal, when administered in large doses proved rapidly fatal, but no immediate effects followed upon inhalation, although details of the latter are not given. The metal was found in all organs of the body, particularly in the brain. A high concentration in the bile indicated its path of elimination. An analytical method to determine manganese in the tissues is also described.

64 CHRONIC NICKEL POISONING AND PRODUCTIVE MILIARY TUBERCULOSIS. REPORT OF A CASE. R. Pomeranz. Am. Rev. Tuberc. 38, 252-61 (August 1938).
The toxic effects of nickel, although they occur rarely, have been definitely recognized. A case is reported here with autopsy findings, which was attributed to nickel poisoning and productive miliary tuberculosis. The patient was a male age 22, who had been working as an industrial chemist 6 years and whose work included exposure to nickel and carbon tetrachloride solutions. Symptoms of shortness of breath, loss of weight and appetite, nonproductive cough, and transient pains in the chest first appeared and roentgen findings at that time showed fine nodular lesions, millet in size, throughout both lungs but for 8 months they were undiagnosed. Because the lesion was thought to be a lymphoblastoma, the patient received 13 x-ray treatments and his symptoms at first improved, but later they became worse and he finally died. The autopsy disclosed evidences of nickel in