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Dr. DANA replied that he imagined the precipitation is due to the fact that dilute hydrobromic acid is prescribed. He was quite sure that a ten-per-cent. solution of hydrobromic acid will dissolve strychnia; at least his druggist had told him so, and he had used it accordingly. At the same time he did not wish to state with positiveness without further inquiry, because he had not made experiments himself with reference to this particular point. He had administered it with arsenic, and felt quite sure that dilute hydrobromic acid will dissolve arsenious acid; for when the dilute acid is mixed with Fowler's solution it makes a clear solution, and he had been accustomed to prescribe it in that way.

Dr. J. J. PUTNAM, of Boston, then read a paper on "Lead-poisoning simulating other diseases; a source of error in the analysis of the urine for lead." A number of cases had come to his notice within the past few years, in which an examination of the urine has shown the presence of lead, which the symptoms and clinical history were not such as are usually considered characteristic of lead-poisoning; in fact simulated other types of diseases. One case resembled the so-called lateral sclerosis, one of the transient forms of poliomyelitis anterior; two others, a more diffused form of myelitis: while both were cerebral neuroses.

It is of course nothing new to say that lead-poisoning may simulate other diseases, or that any one or all of the classical symptoms may be wanting. So far as he knew, the first case in which lead was supposed to have given rise to symptoms simulating any other form of spinal diseases than poliomyelitis anterior, is one reported by Dr. F. Minot, of Boston, before the Medical Improvement Society, in 1881,

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and recorded in the *Boston Medical and Surgical Journal* for the same year. Here the symptoms of so-called lateral sclerosis were present to some degree; lead was twice found in the urine, and the patient improved materially under the use of iodide of potassium. Dr. Webber, at the last annual meeting of the Association, directed attention to a certain point in the pathology of lead-poisoning, and again brought forward this fact of the relation between it and organic disease of the spinal cord. Although the idea is not new, Dr. Putnam ventured to think that we had not, as yet, realized how often this will occur. In none of the eight cases reported in his paper, were blue line on the gums, colic, emaciation, or discoloration of the skin, characteristic localized trophic paralyses, or typical cerebral symptoms present, and the diagnosis was established solely through the examination of the urine after the administration, for a few days, of the iodide of potassium. It is, of course, not certain that the symptoms reported were really due to the influence of the lead; and even if this could be shown, it would still be uncertain whether the lead acted in virtue of the special affinity for certain tissues, or indirectly by interfering with the nutrition of the cord, or the general nutrition, to such a degree as to allow latent susceptibility, or otherwise insufficient causes of disease, to become active causes,—play a similar rôle to that probably played by syphilis in the causation of tabes dorsalis. All the chemical work of the investigation was done in the laboratory of the Harvard Medical School under the supervision of Professor E. S. Wood. Under the vague term lead encephalopathia, a variety of nerve symptoms have been described, of which delirium, mania, dementia, epilepsy, and coma, are at once the severest and the better recognized; but the disease is no doubt capable of giving rise to a variety of less slowly marked but not less important signs. The pathogenesis of these conditions is obscure and certainly complex, but the relation of lead-poisoning to nephritis, gout, anæmia, points out more than one direction in which a rational explanation is to be sought.

Apropos of the contamination of water from lead pipes, Dr. Putnam mentioned a point of practical interest obtained

from an intelligent plumber. It is well known that hot water is more apt to dissolve lead than is cold, but it is not, probably, so generally realized that this fact makes it objectionable to run hot- and cold-water pipes side by side through houses, especially when the latter carry water for drinking purposes. The plumber assured him that cold-water pipes under such circumstances are apt to be considerably corroded.

Dr. Putnam then directed attention to a caution necessary in the chemical examination of the urine for lead, and to the occasional, if not frequent, source of error. The detection of this metal is by no means without its difficulties. The quantity of lead present in the urine, especially when no iodide of potassium is being taken, and also after this drug has been taken uninterruptedly for some time is very small. The quantity of urine, therefore, analyzed should be at least one quart, and should be collected during the administration of iodide of potassium, given either for the first time or after an interval of repose. One source of error has recently suggested itself to Prof. Wood, and it is that the tests hitherto used for lead apply equally well to bismuth, a drug that is very frequently prescribed both in private and hospital practice. How long the bismuth continued to pass off through the urine has not been shown, but it has been found in the tissues of the rabbit for eight days after the administration of a few grains, and also in the human liver and kidneys five days after the administration of fifteen grains.

For the sake of investigating this point further Dr. Putnam took from thirty to forty-five grains of subnitrate of bismuth daily for two weeks. At the end of this time, while still taking the drug, his urine contained bismuth. After ceasing to take the drug for twenty-four hours he again took iodide of potassium, and his urine again contained bismuth. The most reliable way to avoid the error is to make sure that the patient has taken no bismuth within a considerable period before the examination for lead is made. Dr. Putnam was obliged to omit two cases from his collection on account of this discovery.

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The Association then adjourned to meet at 8:30 P.M.

First day, evening session.

The Association was called to order at 8:30, P.M., by the President.

Present—Drs. Edes, Eskridge, Weber, Webber, Morton, Walton, Shaw, Putnam, Ott, G. M. Hammond, Amidon, Dana, Sinkler.

Remarks on Dr. Putnam's Paper.

Dr. WEBBER, of Boston, said that the paper was an interesting one, and he believed that we had not yet got at the bottom of the influences which lead may have upon the nervous system. Dr. Putnam had spoken concerning various sensory disturbances, particularly anæsthesia, which some of his patients suffered from. Dr. Webber had noticed in every case of lead-poisoning affecting the spinal cord, which he had examined, that the patients had various disturbances of sensation. These were sometimes so insignificant that patients paid but little attention to them, and it was necessary to cross-examine and return to the subject time after time, in order to find out whether or not these disturbances of sensation existed. At other times the disturbances were so marked that the patients spoke of it themselves. Dr. Putnam had also mentioned one source of error in examining the urine for lead, and Dr. Webber wished to speak of another, namely, that if the urine is allowed to stand and undergo partial decomposition, it becomes alkaline, and a chemical reaction takes place between alkaline urine and the glass itself, by which lead is set free and appears in the urine. He had therefore been in the

habit of asking patients to put a small quantity of acetic acid into the bottles in which the urine was preserved, in order that this source of error might be excluded.

Dr. MILLS, of Philadelphia, said that Dr. Putnam's paper had interested him in a direction of which he thought it worth while to speak; that it is a proper view concerning the nature of this and other metallic toxic poisons. He thought that not a sufficiently comprehensive view of cases of this kind was usually taken. Every one in practice had seen cases of toxic effects upon the nervous system produced by arsenic, copper, and other metallic agents, and also such as were manifested by diphtheritic paralysis, paralysis following various so-called zymotic diseases, and we were apt to take a too limited view with reference to these agents. Just as Dr. Putnam's cases had pointed out, while we are likely to have typical forms of the affection, we may get affections of all kinds, cerebral, spinal, and otherwise, and he had seen not only bilateral paralysis of the extensors, but almost every form of paralytic affection, and also some forms of tremor in lead-poisoning. In a paper which he had read on arsenical paralysis he referred to a number of cases found in literature, and quoted the view expressed by Ringer in his work on therapeutics, which is a very suggestive one. Ringer suggests that these poisons affect protoplasm, and Dr. Mills thought there was a great deal in that single sentence of suggestion, and he thought that if cases of lead paralysis were studied in their extreme minutiae it would be found that not only the nervous system was affected, but that other organs were involved, either in the way of diminution of their physiological function or their elective action, and that the nervous phenomena were perhaps largely in proportion to the effect produced of this character. Certainly it is so in arsenical and phosphorus poisoning, and perhaps in diphtheritic poisoning, where myelitis may occur as a result of the action of the toxic agent, or neuritis attended with myelitis, and the tissues everywhere affected; that is, the poison is a protoplasmic one, and has a particular selection, for reasons which we do not at present know, for certain parts and certain systems.

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Dr. PUTNAM, in closing the discussion, said that his paper was prepared with special reference to two practical points. He thought it important to make routine examination of the urine in a great many cases, to see how far we can find lead where no characteristic symptoms are present. The second point was with regard to bismuth; that is, that the same reaction is obtained with bismuth as with lead, and therefore it is important that bismuth should not have been taken for a considerable time prior to the testing of the urine for lead. It has not yet been positively determined how long bismuth remains in the body before it is entirely eliminated, but evidently it is not entirely eliminated for some time.

At a subsequent session of the association, Dr. Putnam added the following fact: that according to the last examination made by Prof. Wood, bismuth had been detected in the urine as late as four weeks after it had been taken.

Dr. J. T. Eskridge, of Philadelphia, read a paper which included the report of "A case of general neuralgia."

G. B., a German, twenty-nine years of age, married, a laborer in a foundry. Denied ever having had venereal, and there was no external evidence of specific disease, and his children—three in number—were well developed and healthy. He enjoyed good health until the year 1873, when he suffered from an attack of pneumonia, affecting the left side, and was confined to his bed four weeks. Two years ago, after sleeping one night in a damp bed, he noticed a dull heavy pain in the dorsal and lumbar regions of the spine. This pain continued about one month, and was then accompanied by severe pain in the course of the left sciatic nerve. During these two months he managed to hobble to and from his work, a distance of several squares, and was compelled to stand on his feet about two hours daily. The following summer he was able to walk quite well, although a little pain was experienced when the left sciatic nerve was firmly pressed upon. In October, 1881, melted iron fell into his left shoe and burned his ankle severely. The burn was mostly superficial, but its area was greatest around the internal malleolus; on the outer aspect of the ankle the area was small, but the wound extended to the bone. For this burn he remained in the hospital of the University of Pennsyl-

AMERICAN NEUROLOGICAL ASSOCIATION.

NINTH ANNUAL MEETING.

First day, afternoon session.

The American Neurological Association convened at the New York Academy of Medicine, June 20, 1883. Dr. WILLIAM A. HAMMOND, of New York, the retiring President, called the Association to order at 2:30 P.M., and, after the following remarks, introduced the President-elect—Dr. Robert T. Edes, of Boston.

Present—Drs. Edes, W. A. Hammond, Mills, Morton, Webber, Dana, Putnam, Gibney, Shaw, Birdsall, G. M. Hammond, Amidon, Spitzka, and Ott.

Dr. HAMMOND said he had nothing special to remark with reference to the work of the Association at its last meeting, except to call attention to the fact that the papers read seemed to have attracted wide attention; for, at least half a dozen of them had been translated into almost every language in Europe, either wholly or in part. It seemed to him that there is a growing interest in neurological science, yet not so much, perhaps, as the subject deserves.

He hoped that the proceedings of the meeting might be as decisive, with reference to the prosperity of the Society, as were those by which it had been preceded. Dr. Hammond thanked the Association for the honor conferred upon him in electing him their presiding officer last year, and then introduced the President-elect, saying he had no doubt that Dr. Edes would receive fully as much consideration as had been extended to him, and would probably give

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