

turned with the agony. My belly was not tender when pressed. It felt as if there was a round lump in it below the navel. I was laid up about a fortnight. When I went into the Hospital a week or so ago the same kinds of pains came on very severe, though not so bad as the other time, and the nurse had to keep putting red-hot clothes on to me all the night. I was very constipated. I had suffered from cramp in the legs, &c., ever since I went to the factory, some two years ago. There is a great deal of wet and damp there, and the brines are so cold that when you put your hand under the water coming out of a cold tap it feels warm by comparison. The other pains I had in the Hospital were not in the joints, and the joints did not swell. The pains were constantly shifting and shooting. The worst seemed to spring from the back of the neck, and to go down the arms to the wrists. In the lower limbs the pains were mostly in the upper parts of the calves and in the insteps. The weakness of the hands was not noticed earlier than about a month ago.'

"*Physical Examination.*—Temperature has not been above 99.4. Complexion very pale and cacahectic. Nothing special about heart or lungs. Urine contained both albumen and sugar on admission, but these have now disappeared. There is no typical bilateral wrist-drop, the extensors being almost completely paralysed, muscles wasted, flabby, very marked tremors. Supinators not affected. Sensation acute. The gums showed marked and typical blue line of plumbism.

"*Habits, &c.*—'For nearly all the time I have been in the factory (nearly two years) I have been more or less boozed almost every night. Not drunk so much as fuddled. I rarely stayed in of an evening, and when I went out and met my friends I always drank on an average five to six long glasses, holding nearly a pint each. On Saturday I have all the afternoon as well as the morning, and then I'd take about ten glasses.'

"The water-supply seems unimpeachable so far as he knows, being at home the town's supply, and at the factory a special source.

"One point of interest is that the factory-hands are in the habit of filling up the jugs or crocks, which have had pure acid (probably HCl) in them, with fresh water in order to form cooling acid drinks for themselves in summer.

"The hotel at which E. S. habitually drinks is —

"I need not say that, even apart from the constipation, colic, and blue gums, the extensor paralysis of the forearms, without anæsthesia, is by itself almost pathognomonic of lead-poisoning. Wrist-drop suggests lead even more surely than foot-drop suggests alcohol. At first I thought that the peripheral neuritis might be alcoholic in view of the history, but there is no doubt that the essential malady is chronic lead-poisoning.

"The special importance of the case appears to me to be in the fact that the man is not a worker in lead, and that therefore, presumably, there are others besides himself exposed to similar risks, which ought not to exist."

In consequence of this letter a complete analysis was made of the beer supplied at most of the hotels in the district. The use of lead pipes to convey beer from the cellar to the tap has long been known to be dangerous. The barkeepers have been warned, and for the future all lead pipes will be done away with, and either iron or rubber ones substituted. Instructions are being issued to all Licensing Boards to disallow the use of pipes made of such material as can possibly contaminate the beer.

PTOMAINÉ-POISONING.

The occurrence of several cases of death from this cause, and the wholesale poisoning of the occupants of an hotel at Okoroire, prompted me to have a careful analysis made of many of the cheaper brands of tinned meat. The result of these examinations have not yet all come to hand. There is no question, however, that a considerable quantity of inferior meat comes into the colony, more especially from one country in particular. As the experiments are still going on, it would not only be unfair but impolitic to mention any names. The following is Dr. Makgill's account of the Okoroire cases:—

"I was notified of the occurrence by Dr. Roberts, of Cambridge, who had been called in. The police took the matter up, and made a full inquiry. The history of the case is that on the night of Tuesday, 18th March, of thirty-nine persons staying in the O. Hotel fifteen were taken ill with severe abdominal pain, vomiting, diarrhœa, and great prostration, and two more were attacked next evening. Of the thirty-nine persons in the hotel, nineteen were guests and twenty were servants, or the family and friends of the proprietor. The cases were not specially confined to guests, as of the seventeen cases eleven were employees of the hotel and six were guests.

"Through some attempt on the part of those interested in the hotel to keep the matter quiet nothing was heard until two days had elapsed, when, owing to the severity of some of the cases, Dr. Roberts was called in. One case—a Mrs. C., a guest—died the same day. The inquest held was perfunctory, and it was not until Inspector Cullen, of Auckland, was notified that any active steps to investigate the matter fully were taken. Valuable time was therefore lost, and all traces of the food made use of on the evening the outbreak occurred had been destroyed. Dr. Roberts, however, obtained samples of the vomit, and these, with the stomach and liver of Mrs. C., were submitted to Mr. Pond, Government Analyst, for investigation, as also were various samples of food from the larder seized by the detectives on their arrival.

"The larger number of the cases seem to have first shown symptoms of illness about 1 a.m. on Wednesday, although one or two seemed to have complained of headache, &c., on going to bed. The symptoms in all were much alike, although great variations in severity were evidenced. They were, in general, those of irritant poisoning, with, in the worst cases, extreme collapse, and coldness of extremities. Severe cramp and pain in the thighs and back seems to have been a marked feature, while one or two informed me that rigors were experienced early in the illness.

"When I arrived at Okoroire almost all the guests had left; but I had previously visited one or two in Auckland who had returned, but were not affected. I was able to get the histories of seven cases, mostly employees, remaining at the hotel, and examined others who were not affected.