was very great, and in this instance the patient gave a history that one side was distinctly paralyzed for a period of weeks before the other side was involved. Dr. Dercum did not, however, see him during this time. He thought it probable that palsy begins on one side and persists more frequently as a one-sided palsy for a time than we are in the habit of noting.

PROLONGED STUPOR RESULTING FROM ALCOHOLISM, FOLLOWED BY AMNESIA AND CONVALESCENCE.

By Dr. A. C. Buckley.

Male, age thirty-six, clerk. Excessive user of alcohol for fifteen years. Two years ago, after an over-indulgence, suddenly developed delusions of persecution and self-accusation, after which he passed into a state of excitement followed by stupor. He remained in bed in a state of absolute passiveness for about nine months, during which time he occasionally roused to say a few words and again would relapse into his former state. For several months there followed a state in which was complete absence of volitional action, while reflex physical response to stimulation was present. The latter state abruptly terminated by the patient suddenly beginning to talk; the following day he began to perform volitional acts, talked some, but speech was limited on account of a total amnesia for all past events. Later, he was able to recall what was said to him, also all that was told him about himself, his family and his surroundings, but could not by association recall any event of his previous life. His memory of recent events is good. His present knowledge is solely the result of experiences since his awakening. Objects the uses of which were at one time familiar to him, he recognizes as seeming familiar, but he does not know why they should be familiar. He is now in process of re-education; he has difficulty at times in remembering new facts which he has learned. He is able to write his name, which he has been taught to do; he can copy with difficulty.

UNILATERAL WRIST-DROP FROM LEAD.

By Dr. W. G. Spiller.

A man who was not alcoholic, and who had worked as a painter four years, developed in October, 1906, weakness of the extensor muscles of the right fingers, the palsy beginning in the forefinger. The extensors of the wrist were not affected. At the present time all extensor power in the right fingers is lost. Four or five weeks ago the extension of the first finger of the left hand became impaired. This finger is the only portion of the hand affected. Sensation is intact. Unilateral wrist-drop from lead is of very unusual occurrence.

Dr. Potts said that his recollection of a case mentioned by Dr. McConnell was that while the patient was under his observation only one side was affected. While he thought the trouble was due to lead, he had hesitated to make a positive diagnosis, because there was also a history of alcoholism. A point in favor of lead was that the supinator longus muscle reacted well to the faradic current, while the extensor muscles showed reaction of degeneration. The man as a house painter had been, of course, exposed to lead. The fact that the other arm became affected after he came later in Dr. McConnell's charge would seem to settle the diagnosis in favor of lead.