was taking it, even when it was certain that he was doing so.

The polycythemia in the first case was of interest to me and was the occasion of the comment which I made in discussing Osler's paper on "Chronic Polycythemia, with Cyanosis, and Enlargement of the Spleen"; that some of the cases reported as instances of this unusual condition might be cases of acetanilid poisoning. In the case of the patient referred to there was polycythemia and cyanosis but no splenic enlargement. The last, however, is a frequent symptom of chronic acetanilid poisoning, and the whole picture might, therefore, be readily that of chronic polycythemia. It was not supposed by me that all cases of this condition could be so explained, and at the present writing a very pronounced case with 9,000,000 red corpuscles per c.mm., extreme cyanosis, and considerable splenic enlargement is under my care, in whom no suspicion of acetanilid poisoning can be entertained, nor is any other hemolytic agent of external origin operative in this case.

Finally, a point of interest in these cases, as well as in the previous case reported by me, was the readiness with which neuralgic symptoms were controlled after the acetanilid was withdrawn. It would seem that the continued use of the drug so lowers the patient's resistance that instead of having a normal controlling effect on the neuralgic manifestations it acts as a general depressant and that the neuralgic symptoms occur with even more frequency while it is being used than would otherwise be the case. Discontinuance of the drug and the adoption of general tonic treatment soon proved successful in the two cases here recorded.

Clinical Report

A CASE OF POTASSIUM CHLORATE POISONING.

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Patient.—Mr. H. W., aged 30, suffering with a slight sore throat, and not wishing to consult a physician, went to a drug store and asked the boy at the soda fountain to prescribe for him. The boy handed him a bottle containing fifty 5 grain tablets of potassium chlorate. The directions printed on the bottle were to dissolve one tablet every hour or so in the mouth until relieved. Between March 19 and April 1, the entire bottle was consumed, the last tablet being taken the afternoon of April 1. During the night of April 2, the patient began to itch and thought that the pet dog had infected him with fleas.

Examination.—I was called the afternoon of April 6, and found the following condition, and in addition a temperature of 101 F.: Over his thighs, legs, ankles, trunk, forearms and wrists there appeared slightly raised reddish macules, also innumerable petechiæ. These rapidly coalesced, the color became more brilliant and it was evident that it was due to hemorrhage. With this there was no nausea, diarrhea or headache.

On the following day he was photographed by Dr. A. T. Mann and was seen by a number of the physicians of Minneapolis. Examination of his blood showed red cells 5,016,000. Hemoglobin could not be determined because blood was of a brighter red than any test glass (Reichert).

Urine: The specific gravity was 1.040; the urine was scanty, rather high colored, and showed a bare trace of albumin and a few hyalin and granular casts. No blood cells were found.

The patient made a slow but uneventful recovery.

In an article in Sajous' "Cyclopedia of Practical Medicine,"

it is stated: "Death occurs in potassium chlorate poisoning from the depression of the vital powers, due to its destructive action on the blood and the congestive obstruction of the kidneys."

"In addition to the above symptoms, the appearance of

Distribution of potassium chlorate eruption.

small, punctiform, hemorrhagic spots on the legs and extending to the trunk and upper extremities has been observed as late as the sixteenth day."

I trust that the report of this case may illustrate forcibly the danger of the use of potassium chlorate.