There is no history of an epidemic of poliomyelitis at the time of the patient's attack.

Dr. Spiller said the lesion must unquestionably have its location at the fifth and sixth cervical segments, but he was surprised at the symmetry of the condition. Poliomyelitis seldom gives a symmetrical paralysis on the two sides of the body. There must also be involvement of the pyramidal columns, as the tendon reflexes of the lower limbs were exaggerated, yet that involvement of the pyramidal tracts must not be very extensive or the patient would have weakness, which he says he never has had.

Dr. S. D. W. Ludlum said that in feeling the spinal column it seemed to him there was a prominence over the sixth cervical vertebra as though it might be a tuberculous condition of the vertebra.

Dr. F. X. Dercum said that among other things, the diagnosis of motor neuritis might suggest itself; however a pure multiple motor neuritis is exceedingly rare. It appeared to him that in spite of the symmetry of the symptoms, the diagnosis of a poliomyelitis was unavoidable.

Dr. Sinkler said no X-ray had been taken. In poliomyelitis the distribution may be symmetrical. This is a very unusual distribution, and Dr. Sinkler said he did not think he had ever seen it before, although it is quite common for one arm, especially the upper arm to be the subject of poliomyelitis. We have two or three points which make diagnosis clear. First, the sudden onset with high temperature, coming on over night just as in a child. Second, the season of the year; September is one of the most frequent months for the onset of poliomyelitis. Third, the rapid regression from the lower part of the arm in three or four weeks. The absence of pain precludes a hemorrhage or a cervical pachymeningitis. Dr. Sinkler said he did not know how to explain the increase of knee jerks. It may be accidental as in neurasthenics.

Dr. F. X. Dercum presented a case of scleroderma.

Dr. Tom A. Williams said he thought we should interpret this case a little on the lines which Grasset has discussed, that is the intimate relation between the conditions of scleroderma, Raynaud's disease and erythromelalgia, and regard them all as neural in genesis. It seems that this patient has had neuritic symptoms, which are still present in a degree. The affection is not a mere dystrophy or local systemic dystrophy, but an atrophy determined neurally. It seems evident, taking a long view of the history of this case, that one of the stages was swelling. This case seems to be clinically a demonstration that edema and atrophy are really stages of development of the same disease. As to what the cause of the changes may be is still a subject for research.

A CASE OF MERCURIAL TREMOR

By Augustus A. Eshner, M.D.

C. E., a man, 50 years old, born in Sweden, and for fifteen years employed in the manufacture of felt hats, stiff and soft and of all colors, presented himself on account of general nervousness. For three months he had noticed a widespread tremor of the body, associated with progressive weakness. The voice also was tremulous, but the tremor was most

marked in the hands and particularly the right hand. The patient was conscious of a sense of fatigue, but he was able to keep on with his work. Vision had been poor since early life, and this was found to be due to haziness of the corneæ from antecedent trachoma. There was no nystagmus. The hands exhibited a coarse tremor on movement increased by attempts at suppression. Tremor was present also in the lower extremities in less marked degree, and also in the tongue and the muscles of the face. The dynamometer registered 142 on the right, 122 on the left. The knee-jerks were preserved. Gait and station were good. There was increased frequency of micturition, but the action of the sphincters was under control. The teeth were the seat of a blackish green deposit, and the gums presented a blue line at their margin. The man was unaware of the presence of any special chemical in the materials handled by him, but inquiry of the firm that supplied the felt elicited the statement that this material was subjected to the action of a solution of mercury in nitric acid, and that some of the men engaged in this process occasionally exhibited a tremor of the extremities popularly known as the "shake," for the prevention of which they drank milk and abstained from alcohol. The patient has improved under treatment with potassium iodid, laxative doses of magnesium sulphate and massage.

Dr. Dercum called attention to the remarkable difference in the symptoms of mercurial poisoning produced by inhalation and the symptoms produced by mercurial poisoning when the drug is taken internally or administered by inunctions. This fact is, of course, well known. The patient under discussion for instance did not present any tenderness of the gums, salivation, loss of teeth or diarrhea. Because of the very peculiar effects of the poisoning when inhaled, Dr. Dercum thought possibly a special chemical compound was formed with the proteids, one differing from that formed by the poison under other circumstances. While toxicity is present in both forms of poisoning, the symptoms are so different as really to suggest different poisons.

Dr. Tom A. Williams said he had noticed in two or three cases which were subjected to mercurial injections a coarse intention tremor, which as a rule lasted for an hour or two. It was of the type shown by the patient exhibited. It often leads to a certain agitated clumsiness. The people sometimes miss their saucer, or spoon, or jerk their arm, or do something of the kind; and it is interesting, as Dr. Eshner said, to note that drinking milk cures the patients. In that respect they resemble the cases of caffeine poisoning which are characterized by agitation and which are relieved by food. Dr. Williams said he remembered seeing three cases, and had remarked it in his own person after excess of tea or coffee. His tremor was exaggerated by exercise and mitigated by food.

Dr. Sinkler said he had seen two or three cases of mercurial poisoning in hatters. They all presented the same symptoms as this man did, a coarse tremor. There is one process in the manufacture of hats, the felting process in which mercury is used and he had been told that the manufacturers all do not use the same amount of mercury in the felt, nor is it always necessary to use it. How true that statement is he did not know.

Dr. Alfred Gordon said in regard to the diagnosis: if this patient did not present any other symptoms than the tremor, how would we make a diagnosis on that? It is extremely difficult to make a diagnosis. He

had observed identical tremors in morphine poisoning. In several cases intention tremor was observed and no other symptom. In any case of tremor without a history it is difficult to make a differential diagnosis, especially as there are cases where you have frequently inorganic poisoning, together with alcoholism which of course complicates matters. The case is very interesting and if this patient does not present any other symptom, he would be very much embarrassed in making a diagnosis.

Dr. S. D. W. Ludlum said he had seen a case in Dr. Spiller's service in which in addition to the tremor the patient had marked weakness of the legs. It was very marked. He could hardly walk at all. The length of time it took him to get well from most of his symptoms was about six months.

Dr. W. G. Spiller stated that the man of whom Dr. Ludlum spoke was seen several years ago. He had marked tremor of the face over the lower jaw as well as in his hands. Dr. Spiller asked the patient to find out how the mercury was used, and it was stated that the mercury was used to loosen the hair from the hide. The man told Dr. Spiller that there were other men in the establishment affected in the same way. As to the remark about diagnosis made by Dr. Gordon, we could not diagnose without a history. There is nothing especially characteristic excepting that the tremor may be coarser than in alcoholism.

Dr. Eshner said that the difference between this industrial form of mercurial poisoning and the medicinal form alluded to may reside in the fact that the one is chronic and insidious in onset, while the other is commonly an acute condition. The one affects especially the nervous system, while the other affects particularly the eliminative organs, the glandular structures of the digestive tract.

A CASE OF ANTERIOR POLIOMYELITIS WITH UNUSUAL DISTRIBUTION

By Alfred Gordon, M.D.

A boy of nine had in his infancy several infectious diseases in succession: pneumonia, bronchitis, meningitis and measles. The latter affection occurred at the age of twenty months. At that time his mother noticed that his left arm would hang along his trunk without motion. At present his condition is as follows. The left shoulder is drooping and the left arm hangs loosely. There is a subluxation of the head of the left humerus. Raising of the left arm is difficult and cannot be done above the shoulder. Abduction of the left arm is almost impossible. Flexion and extension of the arm are well preserved. The grip is equal on both sides. Shrugging of the shoulder is impossible on the left side, but poor on the right. Abduction of the right arm is also poor. There is a distinct atrophy of the left deltoid and trapezius and to a lesser extent of the corresponding muscles on the right side.

The scapulæ even at rest are receding from the thorax on both sides, more on the left than on the right and this is particularly marked when the arms are stretched out. The supra- and infraspinati muscles are atrophied more on the left than on the right. Bechterew's reflex is exaggerated on both sides, more on the right than on the left side. The