see these children usually in bed. In addition to headache, there may be severe pains in the back of the neck running down into the arms. The head may be retracted. Both external recti are completely paralysed, and some, or all, the muscles supplied by the third nerve (except the levator) may be paralysed also. There may even be immobility of the pupils. These cases are frequently confounded with meningitis. It is a natural, perhaps an inevitable, mistake, but inspection of the gums may save even the inexperienced from error. If the gums are clean the bitten finger-nails may arouse his suspicions. The course of the case is not that of an ordinary meningitis. The child almost always makes a perfect recovery except as to vision. I can remember only one of these cases that proved fatal, unless convulsions supervened, but there is almost always some loss of sight, which may be total.

Blindness due to optic atrophy, and therefore permanent and hopeless, is the unfortunate consequence of a large percentage of these cases of plumbic ocular neuritis. It may occur in the milder cases in which only the optic and sixth nerves are involved; when the third nerve is implicated, escape from at least partial loss of vision is rare. In many cases the blindness is absolute, in some there is only great impairment of vision. The suddenness with which this is lost has struck me forcibly. One day there may be nothing to suggest defective vision, within the next two days the child may be found apparently quite blind. Fortunately the great majority of the milder cases recover perfect vision if they come under treatment early.

It is a remarkable thing that children who suffer from ocular neuritis do not suffer from limb palsy. I have never seen the conditions combined. Dr. Lockhart Gibson has once observed wrist-drop in a child suffering from ocular neuritis, and two or three cases in which the limb palsy had preceded or followed ocular neuritis at an interval of many months. Cases of the two forms occurring in the same family are not so rare.

A large proportion of lead poisoning in children take on the form described in this section. Of 89 cases of plumbism admitted during the last four years into the Children's Hospital, Brisbane, 20 were of this variety, that is, 22.5 per cent.

T. Chronic Optic Neuritis and Atrophy without Paresis of Sixth Nerve.

These cases are much less often seen than the preceding. I have no experience of them, and Dr. Lockhart Gibson has only recognized them within the last three years. The symptom complained of is loss of sight, and the ophthalmologist is most likely to be consulted. The course is slow, and they respond well to treatment, if not too advanced. Diagnosis can only be made by finding evidence of lead in the system, or of exposure to the causes of plumbism.

PREVENTIVE AND CURATIVE MEASURES.

There may be, and doubtless are, other conditions attributable to lead than those recognized, but those I have described are sufficient to show that lead poisoning among children is a serious evil. Prevention is easy. Paint containing lead should never be employed on outside surfaces, such as fences, walls, and particularly verandah railings, in places where children, especially young children, are accustomed to play. Zinc-white, or some other paint free from lead, should be substituted. Unfortunately we in Brisbane still from ignorance, no longer excusable, allow our houses to be poisoned traps for children's fingers, and every year furnishes its quota of ill-health and suffering, crippling, hopeless and permanent blindness, and occasionally death as the consequence. This is certainly a matter which calls for legislative interference.

The curative treatment consists essentially in removing the child from the source of the poison. We adopt also other measures calculated to encourage the elimination of lead from the system, but to what extent these are efficacious must be a matter of doubt. By themselves they are useless. Removal of the child into a hospital is a short way of taking it out of danger. But after its discharge it will surely relapse if the home conditions remain the same. We must find out exactly where the child got the poison, and warn the parents to keep him away from

it, remembering that lead paint is only dangerous (1) when it is fresh and sticky, or (2) and more especially when it is dry and powdery. It is also well to break the child of the habit of nail-biting or thumb-sucking, which by the way is no easy task. The most effectual method is to put straight splints over its elbows. This may seem harsh treatment, but milder methods usually fail.

REFERENCES.

¹ *Australasian Medical Gazette*, 1904; The Transactions of the Australasian Congress. See also *BRITISH MEDICAL JOURNAL*, 1908, vol. ii, p. 1498. ² *Australasian Medical Gazette*, October, 1897.

A CASE OF CROSSED PARALYSIS.

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THE following case, though not very unusual, presents, I think, certain features of interest:

W. J., aged 59 years, farmer and dairyman, had been very "irritable" for some days before February 7th. On that day he got out of bed at 4 a.m. to pass urine. Immediately after doing so, he became very giddy and fell down; but he did not lose consciousness. He returned to bed, with assistance, and afterwards insisted on making several attempts to walk. I was summoned to him at 8 a.m., and I found the following physical signs:

Nervous System.—Upper segment paralysis of the face on the left side, partial paralysis of the right motor oculi nerve, ptosis, slight divergent strabismus, limitation of movements of the eye (chiefly inwards), diplopia. On my arrival the right eye was completely closed; but the patient persisted in making voluntary efforts, until he completely raised the upper eyelid. The pupils were equal and reacted to light and accommodation. The left arm and leg did not show any loss of motor power; but the knee-jerk was distinctly brisker on the left side.

Heart.—Apex beat not palpable. Apex localized by percussion and auscultation in fifth left interspace, nipple line. Heart sounds faint and distant; aortic second sound not accentuated. No bruit.

Pulse.—Regular, 90 odd, of small volume, moderate tension. Radial arteries tortuous and uniformly thickened; no discrete, nodular thickenings.

Urine.—Specific gravity, 1018. No albumen. (Urea not estimated.) Patient has passed urine during the night for several years, nearly every night. He estimates that he passes from three to four pints per diem.

Previous History.—The patient had been a temperate man, and had done a great deal of heavy manual work. He had had one severe illness only, an attack of influenza 16 years ago, during a severe epidemic.

Progress and Result.—Motor power was rapidly regained during the first week, and on February 22nd the facial paralysis was no longer evident. Diplopia persisted; but the limitation of movements of the right eye was distinctly less. The ptosis had quite disappeared. The pulse was regular, 82, of moderate volume and tension. The physical signs in the heart were as before. The urine—specific gravity 1018—contained no albumen.

The case is clearly one of crossed paralysis due to a lesion in the right crus cerebri, involving the fibres of the motor oculi nerve and the facial fibres of the pyramidal tract. It is justifiable to assume that the nucleus of the motor oculi is not involved.

The chief interest centres on the nature of the lesion. Is it a very limited haemorrhage, presumably from one of the deeper small arteries (of the "ganglionic system") or thrombosis of such a vessel? Arterio-sclerosis is certainly present; but the condition of the heart and pulse, taken in conjunction with the history of severe influenza, seems to make the probability of haemorrhage doubtful. The onset is interesting. The giddiness and falling are, of course, not unusual after evacuation of the bladder—the splanchnic vessels being rapidly filled with blood and transient ischaemia of the brain established. There is no evidence that the act of micturition is accompanied in this patient by any special effort of straining, which might produce a haemorrhage, that is, by raising tension, in spite of the upright position and the evacuation of the bladder. The involvement of the facial fibres and the escape of the arm and leg in a lesion of the crus cerebri is also interesting, as indicating very limited damage.

THE Committee on Legal Affairs of the Massachusetts Legislature, to which the Antivivisection Bill was referred this year, has reported leave to withdraw. This, it is said, is the eleventh or twelfth time that such a bill has been presented to the legislature and has met with the same fate in committee.