strongly on the intestine, and that there is desquamation on recovery. This was so in my cases, the desquamation being strongly marked in the little girl. Durham and others have found bacilli after meat poisoning since Gaertner's cases, but these differ slightly, and probably belong to different groups. Klein found a bacillus (*B. enteritidis sporogenes*) in rice and milk puddings that were said to have given diarrhoea to the whole of the patients in a hospital ward. Gaertner mentions that his bacillus causes illness after 24 hours, but that the toxin acts much sooner.

Unfortunately these changes in food can occur without being perceptible to taste or smell. Twenty-seven hours elapsed from the cooking of the giblets to their consumption by my patients at 9 P.M. When eaten immediately after preparation they were shown to be harmless. The gravy would make an excellent culture medium, and we are told that the bacilli begin to increase and multiply in half an hour, and may have 17 million lineal descendants in twenty-four hours. Presuming that in some unexplained manner one germ inoculated the medium soon after it had cooled sufficiently, there seems time for the stew to have become poisonous before it was consumed by the sufferers.

I would draw special attention, from the diagnostic point of view, to the fact that diarrhoea was the first symptom, and that desquamation occurred during convalescence.

The coroner's jury, after an exhaustive inquiry, found a practically open verdict of "accidental poisoning."

A CASE OF LEAD POISONING BY BEER.

By E. RICE MORGAN, M.R.C.S.ENG.,
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THE following notes of a case in which lead was absorbed by a person drinking beer which held small quantities in solution, and which eventually caused death, seem to be worthy of record.

W. O., aged 43 years, a wheelwright and carpenter in a tin works, came under treatment first on May 2nd, 1898; the diagnosis then was gastric catarrh. He improved, and was not again visited till May 16th, when he got much worse, and I find my assistant then changed the diagnosis to hepatic disease. Early in June I saw him. As he was emaciating rapidly and as he could not retain much food, I was inclined to look upon the case as one of carcinoma of the stomach. On June 17th we called into consultation Dr. T. D. Griffiths (Swansea), who could arrive at no definite conclusion; there were no physical signs to point to cancer, still it was not excluded. At this time there was great prostration and general muscular trembling; he could not stand, he could not lift a cup with his hand, and had scarcely sufficient control of the facial muscles to speak; there was constant vomiting, persistent constipation, pains all over, and progressive loss of flesh. On July 4th, after very thoroughly going over the case I felt that there ought to be a proper explanation of the great muscular weakness as well as the marked nervous depression, and I then for the first time examined the gums, when at once the explanation of everything became plain, for there was a very decided blue line. As I have held appointments to lead works and spelter works for some twenty years it is a matter of surprise to me that I did not detect the nature of the case much earlier. The only explanation I can give is that as this man worked in a tin-plate works I was put off the scent, whereas I have little doubt that had he come from one of the spelter works I would have jumped at the cause at once. At the end of July his friends persuaded him to go into the Swansea Hospital, where my diagnosis was confirmed.

The difficult question arises, how this man with a very healthy occupation came to absorb so much lead. Every possible source at his home had to be excluded, but a hint was given me to the effect that he was rather fond of his pint of beer. Though I little anticipated I should discover anything at the public-house where he was in the habit of calling for his beer, still I deemed it well to go and see the place. I asked the landlady in her bar which beer this particular man usually drank, and she showed me the tap which drew the beer up from the cellar in leaden pipes. I was allowed to in-

spect the cellar, and there were two sets of leaden pipes very old and much worn, and the distance from the cellar to the bar was at least 20 feet. From the landlady I gleaned another most vital bit of information, which was that this man very "commonly," or, as it should be read, "daily," called for his pint of beer early in the morning—before breakfast, in fact—on his way to or from his work, and that he generally was the first to get the "dra" through one of these leaden pipes. I asked her if she would allow me to have, say, a pint drawn the first thing in the morning from these pipes, and allow an analysis of it to be made. She readily assented to this, and on the following Sunday morning I sent my groom with two large bottles, and told him to witness where the beer was drawn from. About a pint from each tap was drawn, and this was sent the following day to Mr. Seyler, Public Analyst to the county borough of Swansea, who on July 13th, 1898, reported that both samples contained lead in solution.

I had earlier sent off a sample of the patient's urine to the Clinical Research Association, London, S.E., and they reported the unquestionable presence of lead in the urine.

I think, therefore, that I have proved that this man was unquestionably suffering from the presence of lead in his system, that the evidence is fairly conclusive that he was in the habit of drinking beer early in the morning at this inn, and that by drinking the "first draw" of beer in the morning he ran the risk of taking a certain quantity of lead daily. He lived for years in the same house, he worked for years in the same works, and he passed this public-house some half a dozen times a day. I am fully satisfied that this beer was the source of his lead poisoning.

He remained some time at the hospital. When he came out he was still very weak, and scarcely able to walk. He was again confined to his bed in November, the main symptoms being much the same—great prostration and muscular tremors. Towards the end of the month he got a little better, and was able to get out a little; and from this date I lost sight of him as far as treatment was concerned.

As naturally follows in such chronic cases I found he was trying treatment elsewhere, but from occasionally meeting him out of doors I could see that he was making no progress, and the last I heard of him was that in the following January he fell down in a fit and lingered a few hours before he died. This is not an infrequent ending of cases of lead poisoning—the patient suddenly has a convulsive fit, which, with intermissions of 15 to 20 minutes, may go on for hours, but death nearly always follows in less than 48 hours.

If in this case it has been demonstrated clearly enough that the lead from the pipes from which beer is given to the public to drink is to be found in sufficient quantity to lead to lead poisoning and subsequent death, surely it is full time the public should be made thoroughly aware of the fact. I have heard of cases of men at large hotels complain of the first "draws" of beer in the morning that it does not taste nice and that it often will not stay on their stomachs—lucky for them that it does not stay there—but I have never heard of or read of a death from such a cause as this.

NOTES OF A SERIES OF CASES OF GLANDULAR FEVER OCCURRING IN EPIDEMIC FORM.

By LESLIE DURNO, M.D.,
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DURING the months of January, February, and March, 1900, a number of cases came under my notice presenting symptoms and a history very similar to those first described by Pfeiffer in 1889, and called by him "*Druesser Fieber*," and subsequently recognised by Dr. Park West and Dr. Dawson Williams.

With the exception of an adult, a mother who had nursed three of her children through the same illness, the ages of the victims ranged from 2½ to 13 years.

In every household in which the malady appeared very few of the younger members escaped.

The symptoms, physical signs, and general condition of the patients were practically the same, though differing very much in severity. There were no premonitory symptoms, the ill-