mediately, she was seized with a recurrence of her old formidable symptoms, gasping for breath, her pulse 140 and upwards, rapid respirations, blueness of the nails and lips. This fight for life continued for hours, when she fell asleep apparently from exhaustion, and gradually the distress subsided; and the leg, which had been so swollen, rapidly returned to nearly its normal dimensions.

At that time, there was no repetition of the evil; but, fourteen months afterwards, the patient, who had continued to suffer from her pelvic troubles, awoke from sleep with a third recurrence. This attack, which was sufficiently alarming, but not so severe as the former, lasted for about eighteen hours; and, at a venture, I tried a hypodermic injection of morphia, which appeared decidedly beneficial. Gradually the distress subsided, and there was never another attack.

To summarise: in the case of systemic arterial embolism, we had immediate cessation of the pulse in both brachial and radial arteries, without any orthopnea, distress of breathing or lividity, but tendency to death by syncope and, later on, hemiplegia. In the case of pulmonary embolism, we had urgent dyspnea and orthopnea, the thirst for air of Trousseau, rapid pulse, lividity, and tendency to death by asphyxia.

In conclusion, I would add that, although but too frequently the physician has to deplore that his practice is a "meditation upon death", still recoveries from such grave cases as I have narrated call upon us to persevere and take courage.

NOTES OF A CASE OF RHEUMATIC PERICARDITIS, WITH TETANY.

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THE patient who forms the subject of these "Notes" exhibits features of more than ordinary interest, inasmuch as the affection termed tetany is one not often met with, or at least one which is seldom noted by authors. So far as I can make out, no English writer has described this interesting condition of spasms, almost idiopathic in nature. The subject has been treated of by French authors under varying titles; at one time being called "intermittent tetanus," and at others, "idiopathic muscular spasm", "contraction of the extremities", and "idiopathic paralysis with contraction". Trousseau, one of the chief writers hitherto on this point, was at first in the habit of calling it "rheumatic contraction of nerves", but soon gave up that description for one first applied by Corvisart in 1852—viz., *tetany*.

The first mention of the disease in the many authors at my command is that by Dance, in 1831, in the shape of a memoir, entitled "Observations sur une Espèce de Tétanos Intermittent," to be found in the *Archives Générales de Médecine* of that year. It would appear from those writers, particularly Trousseau, that the puerperal and menstrual periods, as also the conditions diarrhoea and rheumatism, were states favourable to the accession of those interesting muscular spasms, though nothing definite is known of the pathology.

With a view to the eliciting of further information, through the medium of the Association's JOURNAL, on this most interesting complication of commonly recurring conditions, I shall detail a few facts ascertained by me in my case, which has been under careful notice since Nov. 28th, 1878.

The patient, E. H., aged 13 years, residing at Stockton-on-Tees, first came under my notice on the above-mentioned date, suffering from pericarditis, with effusion and aortic insufficiency. The symptoms were: pains over the cardiac region, extending over the left shoulder to the scapula and down arm to the finger-tips; tumultuous heart's action, irregular pulse, dyspnea, inability to lie on the left side; anxious expression, and tendency to syncope. On auscultation, a distinct to-and-fro friction-murmur was to be heard all over the cardiac area; and on percussion, which was most painful, dullness was found to exist over an enlarged area, the extent of which, however, was not ascertainable, owing to the agony caused by manipulation of the left chest. The previous history tells us that the little patient had rheumatic fever two years and six months ago, with which she was confined to bed for five weeks, and on recovery her friends were informed by their then medical attendant that "her heart was affected." Four days before I was called in, she had pains resembling subacute rheumatism from the description given me; the reason I was sent for being the presence of intense pain over the cardiac region, and the accession of spasmodic contractions of thumb and fingers of the left hand on the palm. Not knowing what to make of those spasms, I merely treated the case as if they did not exist; that is, at the first; as shortly I had no doubt in my own mind as to the nature of the contractions, attributing them, as I did, to the condition

termed tetany, carefully eliminating any symptoms of hysteria and epilepsy. The progress of these spasms was most interesting; the thumb and fingers of the left hand being first affected, then those of the right similarly, the thumbs being forcibly adducted, and the fingers tightly overlapping them. Next, the toes of the right, and then of the left foot were flexed, and the heels somewhat retracted; and on December 9th the condition was, the fingers and thumbs flexed on the palms, the hands on the forearms, and these on the upper arms; the toes flexed, the heels retracted, the legs flexed on the thighs, and a semi-lateral decubitus to the right. Several attacks occurred to-day, lasting for about ten minutes each time, the contractions being forcibly relaxed.

This state of matters obtained off and on, with varying intermissions as regards time, up to January 20th, when the spasms ceased until the 31st, at which time she had three slight attacks, but without contractions. From this time up to February 23rd she had several minor spasms, but on this day she was very ill, having had a series of spasms during her sleep, though being only partially roused. Blueness was observable round the mouth, and extending from the *alae nasi* over the cheeks; there was intense cardiac oppression. Up to this time, she has been much better, though not clear of spasms.

The treatment throughout was applied in accordance with the rheumatic condition which obtained, with its consequent cardiac complications and albuminuria, with the result that the patient is now able to do some light household work and take exercise in the open air. I think there can be no doubt but that the rheumatic affection in this instance was the cause of the spasms, there being nothing else to be found at all likely to account for them. There have been no attempts at menstruation.

May 30th, 1880. Her condition is much the same generally. There is a well-marked mitral systolic murmur.

ON APOPLEXY OF THE LUNG FROM CARDIAC DISEASE.

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I SEND the following cases for publication, as they may be interesting to the readers of the JOURNAL.

The first is a case of bronchitis, with apoplexy of the lung, occurring in consequence of a fatty and much dilated condition of the heart; the other is an example of the same accident arising from mitral-valve disease.

I was sent for by A. B., aged 43, by trade a roller, on June 3rd, 1874. He was a stout well-built man, who had evidently indulged freely in eating and drinking all his life. He had never ailed much before, except from slight attacks of hepatic derangement brought on by drinking too heavily. He was now suffering from great difficulty of breathing and severe cough. He complained of a sense of tightness across his chest. The expectoration was frequent and great in quantity, principally of a mucous character; the pulse was 95 per minute, very weak, almost imperceptible; the tongue was foul; his appetite poor, and bowels costive. The urine was high, of specific gravity 1021, acid, small in quantity; no albumen. The liver was slightly enlarged. There were no head-symptoms, but slight general anasarca. Bronchial *râles* could be heard all over the chest; there was no dullness. The sounds of the heart were hardly audible; its impulse was exceedingly weak. The arcus senilis was evident. On June 8th, his cough was much worse, and he now brought up a large quantity of blood. On examination, I found the lower third of the right lung quite dull in front; and on the following day the lower two-thirds was dull, and respiration was quite bronchial. Bronchial *râles* could be heard as before in the upper third and the whole of the left lung. The pulse was 85, exceedingly weak. The heart-sounds were hardly to be heard, and the impulse was scarcely perceptible. Respiration was difficult and frequent. The skin was moist. He continued to cough up blood every day, and to become weaker. On June 10th, his pulse rose to 120. Breathing became more difficult. The skin became dry; its temperature rose to 103°. He still continued to cough up blood, which was now accompanied by rusty sputum. On June 13th, he died.

On making a *post mortem* examination, I found the heart very much dilated; the walls were exceedingly thick, and the whole organ had undergone fatty degeneration. There was not any valvular disease. The left lung was comparatively healthy, but congested and slightly cedematous. The right lung was large, of a dark colour generally. The upper third was very cedematous. Certain portions of the middle and lower lobes were quite solid and dark, perfectly airless, and blood could be scraped from the surface. In one part of the lower lobe could be seen a portion of hepatised lung. The localised pneumonia