the sponge), and then I confidently called on the friends to permit its immediate removal, to which they reluctantly consented. I made an incision over the course of the movable piece of bone, and easily drew it out, when, to my surprise, I found it was at least two-thirds of the whole clavicle. It seems to have died in mass. Near the sternal articulation, there was a well marked pit of the spotted ulceration of scrofula. The opening healed up almost immediately; every effort was made to keep the arm immovable, but without much benefit. The final result is now, that the child has perfect use of the arm, and the distance between the point of the shoulder and the middle of the sternum is only one-half inch less than that of the sound side. There is a ridge of bony matter forming along the site of the former clavicle. I congratulated myself on the successful issue of the case; but I fear that another centre of mischief is now forming in the lower third of the femur of the same side.

CASE OF SPASMODIC CONVULSIONS RESEMBLING TETANUS, OCCURRING PERIODICALLY.*

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I AM induced to bring this case before the Medical Section of this Association; first, because it is one that is very rare; secondly, in order to obtain an expression of opinion from the members present, who from their large experience may be able to throw some light upon it, as hitherto it has resisted all treatment. I shall endeavour to relate the case to you in as few words as possible.

In the early part of April last year, I was sent for to see a young lady about 23 to 24 years of age, who was suffering from cough and general debility. On inquiring into the family history, I found that the mother had died of phthisis about fourteen years previously. On examination of the chest, there were puerile breathing at the apices of both lungs, a very short irritable cough, and slight expectoration. After being under careful treatment for three months, the cough subsided; the breathing became perfectly natural; she could walk without distress, gained flesh, and expressed herself as feeling much stronger and better.

Early in September, a feeling came on of soreness in the stomach, accompanied by a thorough loathing for food. Twelve hours after this, a violent spasm occurred, accompanied with great pain and extreme muscular rigidity; the feeling being, as she expressed it, as if all her inside were being drawn up and tied in a knot in the middle. This lasted two to three minutes, then gradually subsided, to be followed in a quarter of an hour by another, and so on for eight or ten in succession. I was from home at the time, and did not arrive at the house until all was over. After the spasms had ceased, she fell asleep, and awoke early in the morning much exhausted, but perfectly free from pain; she became cheerful, was able to run about the house, go into society, and appeared as if nothing ailed her.

At the end of four weeks from the first attack, another came on, with the same warning—soreness at the pit of the stomach, a loathing for food, and great depression of spirits. At eight o'clock in the evening, the same time as before, the spasms commenced. I was then present. The first appearance was muscular rigidity of the hands and arms; the fingers were stretched out perfectly rigid, and separated from each other; the hands were thrown back, with the palms upwards; the elbows drawn down to the sides; the body writhed to and fro; the face assumed a sardonic appearance; the muscles were thrown into rigid contractions, especially the depressors of the angles of the mouth; the jaws were firmly set; the colour of the skin was slightly livid; the eyelids partly closed; the eyeballs depressed, so that only the sclerotic could be seen. Then opisthotonos came on; the head was thrown completely back; the body was perfectly arched, the feet and the back of the head touching the bed only, the back being raised about six to eight inches from it; the other muscles of the body were in a state of rigid contraction; the abdomen was hard and tense. These symptoms lasted for two or three minutes, then gradually subsided, to come on again in a quarter of an hour, and to be repeated ten or twelve times in succession, and in precisely the same manner. During the paroxysms, the breathing was little if at all affected; the pulse was not increased in frequency, and remained steadily at 74; the temperature was not increased or diminished. These attacks have continued from that time to the present; but the interval has become less and less, and for the last three months they have come on regularly every Wednesday, and always

at 8 P.M., lasting generally until one in the morning; the patient generally having twelve or thirteen convulsions during the attack. They have been latterly much more severe; and more so if the spine be touched, however lightly, during the attack, at the junction of the eleventh and twelfth dorsal vertebrae. This part of the spine, within the last two months, has become very tender, and rather prominent and angular, as if the bodies of the two vertebrae in question were diseased: this feature has only shown itself lately. The patient always has the usual premonitory symptoms, and can predict the time of the paroxysms to a minute.

Such is a short history of the case during the paroxysms. All treatment hitherto used to arrest them has been of no avail. Antispasmodics of all kinds at the time of the attack, and tonics and antiperiodics during the intervals, have been perseveringly tried. The only thing that seemed in any way to moderate the intensity of the symptoms was the subcutaneous injection of the extract of Calabar bean along the spine where the tenderness exists, which slightly modified the intensity of the spasms; and since its use only during the last two attacks, the interval has increased from seven to eleven days. Chloroform, while she is under its influence, relieves all symptoms, but the moment sensibility returns the symptoms are as bad as ever. Menstruation is quite normal; and there is no hysterical history.

CLINICAL MEMORANDA.

SPONTANEOUS DISLOCATION OF THE JAW THROUGH "TONGUE-SUCKING".

ON Thursday, August 15th, at midnight, a young lady aged 15, a patient of mine, while on a visit at a friend's house, was awakened from her sleep with pain under the ears and inability to close the jaws, or to articulate plainly. She aroused her friends, who, feeling alarmed, sent for their medical attendant, who arrived about three in the morning, when he at once declared the jaw to be dislocated, and quickly reduced it. I went to see her on the Saturday following, and found her well, but much alarmed at going to bed, fearing that the accident would again occur during sleep.

I am anxious to place on record this remarkable case, inasmuch as I am persuaded that the habit of tongue-sucking, which the young lady has always done from her infancy, and so audibly during sleep as to be heard in any part of the sleeping-room, was the true cause of this distressing accident. The action of the pterygoid muscles (which are inserted, the one "into the inner surface of the angle and ramus of the jaw as high as the dental foramen," the other "into the neck of the lower jaw and into the interarticular fibro-cartilage") together brings the jaw downwards and forwards, projecting the lower teeth beyond the upper. The continued action of the above muscles during sleep, I have no doubt, had so preternaturally loosened the ligaments and muscular structures supporting the joint, as to render them unable to resist the violent action of them during sleep.

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SELECTIONS FROM JOURNALS.

SURGERY.

FOREIGN BODIES IN STRICTURED OESOPHAGUS.—Dr. Menzel relates, in the *Archiv für Klin. Chirurgie* (Band xiii, p. 678), two cases of stricture of the oesophagus complicated with the presence of foreign bodies. Both were children, and were under Dr. Billroth's care in the Vienna General Hospital. The first was a boy aged 6, who was reported to have drunk some strong alkaline lye by mistake about a year previously. Narrowing of the oesophagus followed, which was treated by bougies; none, however, larger than a quill could be introduced. Three days before admission, he swallowed a breeches-button. When he was admitted, a bougie could not be made to reach the stomach, but was arrested opposite the upper part of the sternum. All attempts to remove the foreign body by instruments and by emetics were fruitless. Accordingly, on the next day, Dr. Billroth performed oesophagotomy, and removed the button by means of forceps. The progress of the case was favourable; the incision in the oesophagus was healed on the sixteenth day and the external wound on the twenty-fifth day. The child was fed throughout by the mouth; slight pressure on the oesophagus being sufficient (after the removal of the sutures on the third day) to prevent the escape of food. The second case was that of a female child, who, at the age of a year and a half, had swallowed some nitric acid. On her admission, an oesophageal tube of the size

* Read before the Medical Section at the Annual Meeting of the British Medical Association in Birmingham, August 1872.