subject. She had sufficient good sense to understand the motive for our appeal to her to give up at once all alcoholic liquors, and, as it subsequently proved, sufficient moral control over herself to carry out her resolve.

A mixture of bromide of potassium with compound tincture of lavender and aromatic spirit of ammonia was prescribed, to relieve the distressing sinking and craving; and another, with bismuth, nuxvomica, morphine, and hydrocyanic acid, to be taken occasionally, to allay the vomiting. The importance of supplying nourishment in the form of nutritive enemata, with or without opium, to allay the irritability of the bowel, until such time as small quantities of jelly, beef-tea, etc., could be retained by the stomach, was insisted on. Under the watchful care of her medical attendant, the treatment indicated was carried out thoroughly, with the result that the vomiting ceased within twenty-four hours, the patient was enabled to retain small quantities of nourishment, and ultimately went to her full time, being safely delivered of a son, both mother and child doing well.

In a letter from the practitioner about six months later, announcing the fact that she was safely over her confinement, he told me that "she proved most sensible and tractable, with a little management, and the secret of her recovery was one glass of Sauterne at lunch and one at dinner, and nothing else in the way of stimulant."

REMARKS.—The case illustrates the extreme importance of differentiating the vomiting in pregnancy from that of pregnancy. My firm conviction is, that had premature labour been induced on the assumption that the vomiting was due to the pregnancy, the patient would inevitably have succumbed. Her general health was such that even the shock of induction would probably have proved fatal, to say nothing of the risks of exhaustion and septicæmia.

Although in this case there was a clear history of the abuse of stimulants, preceding even conception, I think it cannot be too strongly urged that extreme care should at all times be exercised in suggesting champagne, brandy and soda, and such like remedies, with a view of relieving the sickness generally associated with early gestation. In strict moderation, such remedies may be of service in some cases; but I have no hesitation in saying that, speaking generally, they only aggravate the sickness and increase the tendency to gastric disorders. We have yet to learn that there is one constant factor which will explain the vomiting of pregnancy. It may be said this is not a case in point; and yet, if we go carefully into the history of these cases, we shall generally, or at least frequently, find that in a large percentage of them there is something, perfectly apart from the position or even condition of the uterus itself, to explain the vomiting. Each case must be treated on its merits.

A CASE OF TETANY, WITH REMARKS ON THE CAUSE AND PATHOLOGY OF THE DISEASE.

By THOMAS F. TANNAHILL, M.B.,

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J. P., aged 29, 5 ft. 5½ in. in height, 128 lbs. in weight, married, a stoker, was admitted to Wakefield Prison March 27th, 1884, being then in good health. He was employed at oakum-picking for seven days, subsequently in the cook-house, the temperature of which ranged from 70° to 80° Fahr. His cell was on the ground-floor; and, owing to its peculiar construction, his bed at night had to be laid down behind and close to the door, where he was exposed to a considerable draught of cold air. The temperature of the cell seldom exceeded 55° Fahr.

On April 14th, while sending the mess up the lift, he had a sudden feeling of weakness, followed immediately by diarrhoea. For this, he was treated in his cell for four days, when he recovered, and returned to the cook-house.

He continued in good health until April 21st, 1884, going to bed at night in his usual health. At 11 P.M., he awoke with a numbness in both hands; on rubbing them together, he found that there was no distinct feeling in them; when he touched the tips of his fingers, he had a sensation as if the "funny bone had been struck." At midnight, he had spasms in both hands. The position of the hands and forearms was similar to that described below. On April 22nd, the spasms appeared several times during the day. At night, the feet became affected in a similar manner. The hands were flexed on the forearms, and the forearms on the arms. The fingers were flexed at the metacarpo-phalangeal joints, and extended from there to the tips. The tips converged to one point, with the thumbs lying across the palms underneath the fingers. The hand had the appearance of a cone, the base being formed by the metacarpus, and the sides by the

converging fingers. The feet were extended, with the soles looking inwards; the whole foot having the appearance characteristic of equino-varus. He had some difficulty in masticating. In speaking, great effort required to be made; the tongue seemed to roll in a lump. On passing urine, he felt as if he had lost the power to empty his bladder. His whole body was covered with sweat, the face, more particularly, being bathed in it. The attacks occurred occasionally. He gradually recovered under good feeding and rest in bed, and was comparatively well within seven days. He remained several weeks under observation, and no further signs of the disease were shown.

Little of importance is known of the pathology of this disease. *Post mortem* examination has not revealed any characteristic lesion in the motor area of the cord. Hitherto, much attention has been directed to the motor phenomena, to the exclusion of the sensory. It is highly probable that the primary disorder is one of sensation. In typical cases, the sensory disturbance emerges first in point of time. Tetany is probably a functional disorder, whose basis is laid in abnormal irritability of sensory nerves, by and through which reflex discharges are induced from the ganglionic area of the anterior horns of the cord. Impairment of nutrition precedes the attack in the majority of cases. Assuming that there is in the healthy body a series of impressions continuously streaming through the posterior roots to the spinal cord, where they are transferred to the motor roots (see Landois, vol. ii, p. 828), it is conceivable that these normal impressions may be highly reinforced by ordinary stimuli acting on the abnormally irritable sensory nerves. The conduction of extensive reflex spasms takes place from the posterior roots to the ganglia of the posterior, and then to the anterior cornu, and lastly, into the anterior roots (Landois, vol. ii, p. 859). Extensive reflex movements may take place when the discharging stimulus is very strong (*loc. cit.*, p. 844). Assuming an excessive irritability of the sensory nerves, ordinary stimuli may be regarded as relatively strong.

We should expect to find these reinforced impressions acting with particular force on the more unstable motor elements of the cord, namely, the accessory structures whose instability is always very great. Nor should we be disappointed in our expectations, for, on analysing the groups of muscles involved, we should find those muscles most involved whose functions are highly specialised, for example, the muscles of the hand and forearm, the finer movements of these groups being controlled by the median group of ganglion cells in the anterior horn, a group peculiarly unstable in character. In the case recorded above, the scanty diet and diarrhoea were fitted to produce grave impairment of nutrition. The variations in temperature, with the cold draught passing over his bed, were stimuli strong enough to produce reflex spasms.

It should be mentioned that, on recovery, the sensory phenomena were the first to disappear, then the spasms, both passing off in an inverse order to that of invasion.

OBSTETRIC MEMORANDA.

PLACENTA PRÆVIA LATERALIS.

A. C., aged 30, unmarried, was seven months gone in her third pregnancy, and had had slight hæmorrhage during the fourth month. On the morning of her confinement she got up at 7 o'clock, feeling quite well; but, after she had begun to move about, severe flooding set in, causing her to fall fainting on the floor. After some stimulant had been administered, she was assisted into bed, while the flooding continued, and weak and infrequent pains gradually came on. She was not seen for three hours, owing to the nature of the message having been misunderstood, and she then had lost a large quantity of blood, both in liquid and clots, and was pale and faint, and complained of loss of eyesight. The pulse, however, remained good, and the pains, though weak, became more frequent. The os was found to be fully dilated, and the bag of membranes tense under a pain, and unruptured, but no presentation of the child was perceptible. The membranes were ruptured, during a pain, with the aid of a hair-pin straightened, and protected by the finger; and the hand, previously carbolicised, being introduced, came first upon a loosened tongue of placenta, extending well down to the cervix, on the posterior aspect of the uterus. This was still further separated with the fingers, and, as the head was found to be very high up, and the presentation inclined to be transverse, with the breech towards the placenta, a foot was at once seized and brought down before the occurrence of another pain, and the case was left to nature, pressure being applied to the abdomen, and ergot administered. No chloroform was used, but version was very easily effected, and borne without the slightest