

of the appetite, the long duration of the disease, wasting resembling that of malignant disease, and dilatation of the stomach. This gastralgia and vomiting are not met with in atonic dilatation of the stomach with absence of hydrochloric acid. In 12 of these 23 cases there were ulcers or cicatrices present in the stomach. In one case hypersecretion, ulcer, and cancer were traced successively. It is now known that hypersecretion represents the ordinary pathogenic condition of ulcer of the stomach, and that gastric ulcer sometimes provokes cancer. In 3 cases there was duodenal ulcer. Three forms of tetany were noted: (1) contracture of the extremities, lasting for several hours, and recurring—this is the most common form; (2) a more or less generalized form (tetanismus) of grave import; and (3) a form with clonic as well as tonic convulsions resembling epilepsy. Only 3 of the 23 cases belonged here. The spasm is painful, and is often preceded and accompanied by vomiting. Dyspnoea is present if the tetany is generalized. The pupils are small, the temperature raised at times, and the intelligence disturbed. Tetany is a serious complication of gastric dilatation. In the 23 cases death was caused by it in 16. There are three theories to account for the disease: (1) dehydration of the blood illustrated by the cramps of cholera; (2) reflex irritation; and (3) intoxication due to the retention of the stomach contents. This latter is the most likely theory. Tetany is thus a complication of dilatation of the stomach, with permanent gastric hypersecretion.—*British Medical Journal*.

### BASEDOW'S DISEASE.

MENDEL (*Deut. Med. Woch.*, February 4th, 1892) says that *post-mortem* investigation in cases of Basedow's disease has been at times negative, and at times of such doubtful significance as to be almost useless. He relates the case of a man, aged 48, who had a previous attack of the disease three years before, but recovered from all the subjective symptoms. On the second occasion, in addition to the usual symptoms, there was cedema of the legs and of one arm, and a blood-stained pleural effusion. He died of syncope. At the necropsy the brain and cord so far as examined were healthy to the naked eye. There was a considerable goitre of a white greyish red appearance, and lobulated structure on section. On both surfaces of the pericardium there was a fibrinous exudation. The cardiac valves were healthy. In the upper cervical ganglion there were some atrophied cells, but only such as may be found in animals and man not suffering from Basedow's disease, as White has also pointed out. The left restiform body was atrophied, and did not stain well with Weigert's method. On the right side the

solitary bundle was alone affected. The vagus nerves were healthy. Filehne, Durdafi, and Bienfait have succeeded by section or removal of the restiform bodies in producing the chief symptoms of exophthalmic goitre. There is no reason to suppose that any other part of the restiform body, other than the solitary bundle, could produce symptoms of this disease. The relation between the affection of the vagus and the atrophy of the solitary bundle can hardly be denied in view of the connection of this bundle with the vagus nucleus. The theories of this disease are: (1) that it is a neurosis, and (2) that it is due to a perverted function of the thyroid gland. Against the first view is the discovery of changes in the nervous system, and against the second the healthy condition of the gland tissue as in the case reported here.—*British Medical Journal*.

### PULMONARY TUBERCULOSIS.

R. W. PHILIP (*Edin. Med. Journ.*, May, 1892) gives an analysis of 1,000 cases of pulmonary tuberculosis which have attended as out-patients,—64 per cent. were males, 36 females. The well-known influence of certain occupations in causing phthisis is well shown; most of the cases occurred between the ages of 20 and 30; the disease seems to be always slower in the male than in the female; there is no evidence that tall people are more liable to phthisis than short ones. The most important part of the paper is that which treats of contagion. Philip has obtained irrefutable evidence of this in 67 cases; in some the wife infected the husband, or *vice versa*, children infected parents, companions sleeping together infected each other, parents infected children, and brothers and sisters infected each other; 2.3 per cent. of the cases were instances of basal phthisis. The influence of influenza in determining phthisis was shown in 4.4 per cent. of the cases, and there was much evidence that many attacks of pleurisy supposed to be simple are really tuberculous. Alcoholism was traceable in 1.4 per cent. The larynx was affected in 10.5 per cent. Valvular affection of the heart was present in 2 per cent. *Fistula in ano* was present in 1 per cent., and they were all males. Of these cases that were observed for six months, 24.94 per cent. did well, 34.75 per cent. improved, 24.1 per cent. remained *in statu quo*, and 16.2 per cent. died.—*British Medical Journal*.

### PARALYSIS OF THE BRACHIAL MUSCULO-CUTANEOUS NERVE.

WINDSCHEID describes (*Neurol. Centralbl.*, April 1st, 1892) the case of a man who noticed a sensation of numbness in his right thumb and part of the front of the forearm, with partial inability to bend the elbow a few hours