

pains, and in five minutes the injection came away with exceedingly offensive status. Shortly afterwards the patient felt considerably better. In three hours the enema was repeated with half the previous doses, and was shortly followed by a large loose motion, and by a second later on. The patient completely recovered.—*Lancet*.

TETANY.—At the recent meeting of the Association of American Physicians, Dr. James Stewart, of Montreal, read a paper on tetany. The details of the following case were referred to: The patient, a male, aged forty, has been troubled during the past eight years with regularly recurring attacks of tetany. He served as a soldier during the American civil war. Suffered at that time and subsequently from chronic dysentery and malarial attacks. For upwards of ten years he has been troubled with diarrhoea. Patient is tall, emaciated, and anæmic. The first subjective symptom of his tetany is usually double vision, which is quickly followed by the characteristic contractions of the flexor muscles of the hands. Occasionally the flexors of the forearms and adductors of the arms become spastic, muscles of the face almost constantly suffer, muscles of the lower extremities rarely. The affected muscles are the seat during the attacks of fibrillary twitching. The attacks often last several days (seven to twelve), unless terminated by the very free use of morphia.

The galvanic irritability of the nerves is found to be greatly increased, also the mechanical irritability of both nerve and muscle. Knee-jerks exaggerated during attack, absent in intervals. Œdema of the hands and arms, with herpetic eruptions frequently to be seen after particularly severe attacks. The quantity of urine excreted during attacks is usually normal in amount, and contains urea and indican in great excess. Patient has been under observation for more than three years, and it has been noticed during the past two years that he has been getting gradually dull and apathetic. It takes him a long time to answer questions; he complains of general numbness, his face and lips are swollen; symptoms closely resembling those seen in myxœdema.

Tetany, he said, may be divided into three varieties: 1. Epidemic or "rheumatic" tetany, common in Europe, but extremely rare in

America. The course is acute and favorable. 2. Tetany from exhausting causes, as lactation, diarrhoea, etc. Course is chronic and favorable. 3. Tetany from removal of the thyroid glands. Course generally is usually either quickly fatal, or chronic and incurable. 4. A form of tetany occurring in cases of dilatation of the stomach. Very fatal. Infantile tetany is excluded from this division, as what is so frequently called tetany in infants is not that disease. No doubt, true tetany may occur in childhood.

Experimental tetany.—When the thyroid gland is removed from cats, dogs, or monkeys, a condition very similar to the typical tetany of the human subject is observed, viz., fibrillary tremors and intermittent spasmodic contractions. Death usually follows in a week, and no changes can be found to account adequately for it.

The fact that there is a great increase in the electric irritability of the nerves after the removal of the thyroid glands is strong evidence of the similarity of the tetany of man and animals. Of the many forms of muscular contractions seen in man, in none, with perhaps the exception of cholera, do we find any marked increase of the electric irritability of the nerves and muscles.

No pathological changes that in any way can be considered characteristic have been described. All recent observers tend to confirm the conclusion of Schiff, that the tetany following removal of the thyroid glands is directly due to the loss of the gland, and that the thyroid gland in some way has a direct influence over the nutrition of the nervous system. It is difficult to explain how causes so diverse in their operation, as "rheumatic" influences, diarrhoea, pregnancy, lactation, and removal of the thyroid, can induce similar symptoms. It appears probable that impoverishment of the nerve centres is one of the main factors in its production.—*Med. News*.

THE DANGERS OF THE SUMMER VACATION.

—The unexpected death of Mr. Firth, M.P., has excited much interest during the past week. It is not so much the public services of the deceased as the circumstances of his death that call for notice in our columns. Mr. Firth fell a prey to the summer vacation, and many less