

## Meetings of Medical Societies.

### MONTREAL MEDICO-CHIRURGICAL SOCIETY.

(From our own Correspondent.)

At a meeting of the above Society, held on the 12th inst., Dr. Stewart exhibited a man, aged 39, who for the past five years has been the subject of well-marked

#### TETANY.

The patient, who served as a soldier in the American Civil War, had three distinct malarial attacks during this period. He also suffered from "chronic dysentery" for about eighteen months. For the past seven years he has been seldom or never free from diarrhoea.

He never had either rheumatism or syphilis. His family history is good.

Every two weeks he is seized with a spasmodic contraction of the muscles of the fingers. The thumbs are adducted and opposed. The fingers flexed and abducted. This contraction comes on at times suddenly, but usually slowly, and remains from eleven to twelve days, when it passes away, leaving the parts in a normal condition. The spastic condition slowly increases, day by day, until it reaches its acme on the twelfth day. The return to the normal seldom occupies longer than twenty-four hours. At times the flexors of the fore-arm are strongly contracted, and also the adductors of the upper arms, bringing the arms crossed in front of the chest.

The muscles of the lower extremities are only occasionally involved, and then only to a slight extent when compared with those of the hands and arms.

The facial muscles feel stiff and painful during the period of contracture, and they are the seat of constant fibrillary twitchings, which are much increased on tapping. The patient says that he experiences a sensation in his face as if the skin were too tightly drawn.

During the period of spastic contractions he has diplopia.

The electrical re-actions of the nerves and muscles are enormously increased when suffering from his "spasms," but after they have passed off the re-actions are normal.

Last week when there was marked tetany, .25 of a milliamperé was sufficient to bring out K. S. Z. When the current was applied to the radial nerve it passed over the upper arm; but to-day, when his muscles are in their normal state, it takes fully four (normal) Milliamperés to produce this contraction. This strength of current produces tetanus on shutting the kathode (K. S. Te), and opening of the anode (A. O. Te) during the period of spastic contraction.

The great increase in the galvanic irritability is not confined to the radial, but is present also in the ulnar and facial nerves.

The disproportion between the faradic irritability in the normal and spastic states is not marked.

There is also marked increase in the mechanical irritability of the nerves and muscles; steady pressure on either causing an increase in the spasms.

The patellar reflexes, which are greatly exaggerated during the tetany, are scarcely to be brought out when it has completely passed away. The same applies to the biceps and triceps reflexes.

The tongue is raw, appetite fair.

He is seldom free from diarrhoea, the average number of stools during the twenty-four hours being about six. They are copious, frothy, semi-fluid, and have a "pea soup" appearance.

The urine is acid, normal in quantity, sp. gr. 1030, contains a large amount of urea and indican, but is free from both albumen and sugar.

Heart and lungs normal. No increase in the white blood cells. No hepatic or splenic enlargement.

The case differs from those described in the long continuance of its course and the persistence of the spasms for days in place of hours.

The reader of the paper, after referring to the usual causes of this disease, such as lactation, diarrhoea, and so-called rheumatic influences, gave description of that peculiar variety which follows extirpation of the thyroid gland. While the former are nearly always recovered from, a large percentage of the latter are fatal. A description was given of a section of the cervical cord of a young girl who died from tetany