

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.

Dr. JOHN T. CARPENTER, of Pottsville, Pa., read a paper on *Tetany and a New Principle of its Pathology*. The author defined tetany as a nervous disorder accompanied by tetanic spasms of an intermittent character, which may extend from the extremities to the muscles of the jaw, and is reproduced during the periods of intermission at will by pressure on the track of the affected nerve trunk or over the blood vessels obstructing the circulation. An historical view of the disease was given. Tetany was regarded, not as a special disease, but as a sequel of precedent phenomena only. The affection was regarded as the result of septic absorption. The diminution of cases of tetany coincident with the successful treatment and the prevention of septic poisoning was regarded as an argument in favor of the connection between septicæmia and tetany. Cases illustrating this view were cited. The views previously held in regard to the pathology of tetany were discussed and considered.

Discussion.

Dr. FRANCIS P. KINNICUTT, of New York: I have seen but two cases of intermittent tetany, both occurring in patients with dilatation of the stomach. In one the dilatation was due to pyloric stricture resulting from cancer. In the other there was non-malignant stricture. In both of these cases the conditions were favorable to absorption of poisonous matter.

Dr. F. T. MILES, of Baltimore, reported the case of a young woman aged twenty-two years. She had suffered from six to eight years from dilatation of the stomach. She had vomited acid matters but never offensive. She had several times had numbness of fingers and toes. She suffered her first attack of tetany twenty-four hours before her death. In this case the stomach had never been washed out.

Dr. A. JACOBI, of New York, had been struck with the stress laid by the readers upon sepsis as the cause of tetany. In one of the cases reported by Dr. Stewart, which he thought was due to the absorption of putrid material, the stomach was twisted; and Dr. Jacobi suggested that the intermittent contracture was due to nervous influence resulting from the twisting rather than to absorption. He did not doubt that there were cases in which septic absorption produced such symptoms; but when we recall the fact that the contracture is temporary, we must conclude that the influences given rise to that attack were also temporary. Many of these cases are, I think, the result of nervous irritation. In some of these cases reported I should attribute the condition to anæmia.

(To be continued.)