

The patient lost the hair of the head, at first in spots, then entirely, when she was fifteen years of age. She did not think that either the eyelashes or the eyebrows fell out then. The hair returned, and for some years was very luxuriant, but there never was a time, since the first attack, when the hair did not fall out in spots, but it quickly grew in again. About eighteen months before she came to me she noticed the hair falling slightly, then very rapidly, and the whole of the hair of the scalp, the eyelashes, and the eyebrows were lost in a short time: the nails, however, remained on. When she came to me she had a few short hairs at the occiput, some downy hairs on the rest of the scalp, no eyebrows and no eyelashes. I did not then know how to segregate my cases of alopecia, and I gave her a prognosis, guarded somewhat on account of the time the trouble had already lasted, but on the whole favorable, and I shall not soon forget my bitter disappointment after trying all kinds of stimulating and antiseptic treatment.—*Pacific Medical Journal*.

PUERPERAL TETANUS (*Arch. de Toc. et de Gyn.*)—Vinay, Ch., the author, reports a case of fatal tetanus following curetting of the uterus after an abortion in the second month of pregnancy. Although of extremely rare occurrence, this accident is not altogether unknown. Vinay has gathered together statistics of one hundred and six cases, of which fifty-nine followed parturition, forty-seven abortion; they are reported by Simpson, Garrigues and Gautier. As to the etiology, since the affection is due to a bacillus which enters the organism through an open wound, it can readily be seen that the traumatism of parturition affords an opportunity or its entrance. The bacillus is anaërobic: when puerperal tetanus occurs coincidently with septicæmia, it is almost certain to be fatal, owing to the fact that the purulent discharges form a favourable nidus, free from oxygen, for the bacillus.

Abortions which are followed by tetanus usually occur in the first three months of pregnancy. Minor rather than major operations are apt to be complicated by it, as, for instance, artificial delivery, tamponade, versions, etc. Multiparæ of advanced age are the most liable to it. The most frequent predisposing causes, however, are squalor,

filth and dampness. Tetanus may be transmitted from the infant (trismus neonatorum) to the mother, or *vice versa*, or it may occur simultaneously in both. A case is on record where a physician carried the infection upon his hands from a laborer to a parturient woman. The accident occurs more frequently in tropical countries than elsewhere, due, perhaps, to defective hygiene. The symptoms develop during the first or second week after delivery or abortion—a trifle more rapidly in the latter case than in the former. Prodromata are usually absent, although in a few instances general malaise and depression of spirits have been noticed. The first symptom is a feeling of tension in the masseters, difficulty being experienced in separating the jaws: the stiffness soon extends to the muscles of the neck. Trismus soon develops. The disease may extend, the muscles of the back being most frequently attacked, sometimes resulting in marked opisthotonos. Contraction of the flexors of the neck and trunk is rare, but has been known to occur. The lower limbs are in a condition of forced extension and tightly pressed together; the patellar reflex is exaggerated. There may be a convulsive action of the diaphragm, but this occurs at an advanced stage of the disease, when the other respiratory muscles are likewise involved and the patient is threatened with rapid asphyxia. The pulse is small and thready, rising from 70 or 80 to 150, especially during the periods of contracture. The temperature, in cases uncomplicated by septicæmia, is normal at first, but under the influence of frequent spasms rises rapidly. When the tetanus is fairly established the condition of the patients is deplorable. They lie immovable upon the back, with stiffened trunk and limbs, subject every now and then to painful and exhausting spasms. They suffer from a thirst which is impossible to satisfy, as even liquids cannot be swallowed; the eyes are movable, the pupils contracted, the face pale, the lips often cyanosed: there is often grinding of the teeth. Constipation is obstinate at first, but yields at a later stage to incontinence of both bladder and rectum. Consciousness is retained up to an advanced period, the patient suffering from apprehensions of danger. Death occurs from rapid asphyxia during the paroxysm, or more frequently, from intoxication and nervous exhaustion, in coma.