

attendant on certain severe forms of syphilitic ulceration of skin and bone produces general lardaceous tendencies, just as other prolonged forms of suppuration would, or else that syphilitic gummatous formations are themselves locally liable to lardaceous changes. He recognizes the fact that syphilitic patients occasionally fall into a hopeless cachexia, and that here extensive lardaceous changes are believed to have taken place, but he believes that severe suppuration always precedes the cachexia.

In an interesting paper by E. Bull in the *Nordiskt Medicinskt Arkiv*, Bd. X., 4de Häftet (Nogle Kritiske Betragtninger over den amyloide Degeneration, særlig med Hensyn på dens Varighed og dens Forhold til den Bright'ske Retinit), the author holds that the kidneys are the earliest and most severely affected by amyloid disease of all the organs in the body, and that the disease is immediately marked by albuminuria. In the greater number of cases its duration is as a rule less than a year, and sometimes only a few months. Exudative retinitis he believes does not occur in uncomplicated amyloid degeneration. He also thinks that the cases of long duration of amyloid disease, which have been reported, are due to a faulty conception of the pathological process. They should be regarded as cases of primary renal cirrhosis with subsequent amyloid degeneration occurring towards the end of life. These views are not new, and are the ones generally held now by the profession. They point strongly towards the improbability of retinal complications in pure amyloid disease of the kidneys, and indirectly against any such degeneration of the retina as has been suggested in the two cases reported in this paper. These cases were, however, ophthalmoscopically unique of their kind, at least in the experience of the writer, nor has he seen a report of any similar case. It is not known in what condition the retina was at the beginning of the infiltration, and it is possible that the exudation began as in ordinary Bright's retinitis; but its course and termination were totally different, and the supposition advanced seems not unreasonable, though it is novel. Of course the crucial test, microscopic examination of the infiltrated membrane, is wanting, and hence the histories are defective.

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ARTICLE X.

CASE OF HYSTERICAL TETANUS. By D. WEBSTER PRENTISS, M.D., Professor of Materia Medica and Therapeutics, National Medical College, Washington, D. C.

Mrs. M., Irish, aged 22 years, married, previous health good, intemperate habits, was confined two years before present attack at Columbia Lying-in Asylum—being at the time unmarried. Lingering labour, with adherent placenta. Four weeks in hospital.

At this date (April 16, 1879) is again pregnant, seven and a half months, having last menstruated August 25, 1878.

April 16, 1879. Taken suddenly at 6 P. M. with screeching noise in ears. "Deaf and blind." Tonic spasms of flexor muscles of arms and legs, recurring constantly for two hours. Seen during night by Dr. Glennan; thought to be dying, and was anointed with the "last unction." After two hours got a little rest between the spasms—from five to fifteen minutes—until 1 o'clock, when she went to sleep and slept till morning.

17th. Taken again with spasms of muscles at 9 o'clock A. M., lasting two or three minutes, and recurring every fifteen or twenty minutes until 1 o'clock, night, when they ceased and sleep supervened, lasting until morning. Brom. potas. gr. xx; com. spt. ether f3ss was given every two hours without effect, as also was chloral in gr. xx doses.

18th. Paroxysms returned at 8 o'clock A. M. with greater violence than ever; marked opisthotonos, the body being bowed until only the head and heels touched the bed. Jaws clinched, eyes closed; unconscious during paroxysms, which lasted about four minutes; passed off with prolonged holding of the breath, succeeded by a deep drawn sigh and complete relaxation. Hydrate chloral gr. xxx was ordered every two hours. She had two or three attacks, each with violent opisthotonos up to 9 P. M., after which she slept all night. Four doses of the chloral (3ij) had been taken. No return of the tetanic spasms the next day.

The patient was greatly debilitated, but recovery was uninterrupted. Labour did not supervene until the regular time.

This case is of interest as presenting rather an unusual form of hysteria, and also in a diagnostic point of view, as being differentiated from tetanus proper and strychnia poisoning.

The thought at first suggested itself that possibly bad whiskey containing strychnia might be to blame for the symptoms presented.

The points in the case marking it as hysterical are :—

1. It was ushered in by noise in the ears, deafness, and blindness.

In true tetanus and strychnia poisoning the senses are rendered preternaturally acute.

2. There was unconsciousness during the paroxysms.

This never occurs in tetanus and strychnia poisoning except as an ante-mortem condition.

3. The eyes were closed during the spasms. The eyes stare widely open in the other diseases.

4. The long uninterrupted sleep at night. In this particular there is a resemblance to chorea. In true tetanus there is no such relief until convalescence. It is noticeable also that no relief followed the administration of chloral until it was given in thirty-grain doses.