

applied locally would produce somewhat similar sores. Such a mode of origin is, of course, quite out of the question in this particular case.

I am, Sir, yours obediently,
Weymouth-street, W., Sept. 1883. WM. MURRELL, M.D.

TETANY.

To the Editor of THE LANCET.

SIR,—In THE LANCET of July 21st Dr. Gowers of London publishes an instructive and interesting lecture on the uncommon affection tetany, and cites a case which came under his care. I would beg to record in these columns a singular one which came under my observation in 1877. The patient was a European, aged thirty-five, by occupation a railway guard. The history, briefly, was that about twenty years ago he was subject to what he called "fits." These were described more like syncope than epileptiform seizures. That six years before he came under my care he had contracted chancre; the sores were said to be multiple, with a suppurating bubo in each groin. These latter had to be lanced. So far as he was aware, he did not notice any rash to follow, but gave a rather vague account of sore-throat, from which, it appeared, he suffered on divers occasions, but he could not state for certain that this was not the result of ordinary cold. He had come to be treated for his right hand and right foot, which were contracted and greatly distorted. He was not able to open the former without the aid of the other hand, or to grasp any object with it; when, however, the hand was forcibly opened out, which could be done, and the patient could do this to a certain extent himself with his other hand, it instantly re-contracted into its previous form directly the extraneous aid was withdrawn. Besides this, the wrist was slightly bent on the forearm. As regards the latter, it may be said, in short, that the appearance was not unlike that of talipes varus; the great toe of that foot was contracted to a marked degree, and he was not able to rest the sole of the affected foot flat on the ground. On letting the weight of the body rest on the affected lower extremity, he felt a sensation as though a cord were tightly tied round the knee-joint. This muscular contraction, which was confined to the flexor muscles, was permanent, by which it is meant that it was not intermittent, but was always present, and it was of about a year's duration.

As regards the causation, it occurred to me at the time that sexual excesses may possibly have had a share; I ascertained that sexual power and desire had diminished. But I had fairly good grounds for suspecting syphilis as the more probable exciting cause, and this view was subsequently confirmed, as will be seen. I did not go by the history as given in the chancre alluded to above, which, no doubt, did not appear to have been a Hunterian sore, but I suspected that on a subsequent occasion the patient had contracted syphilis without being aware of the fact. As evidence of this there was present an objective symptom of syphilis, and that was enlargement of the testicle of both sides (the left more so), testicular sensation had disappeared and the glands were elongated in shape. By this symptom I was guided in the treatment; I placed the patient under the influence of mercury (the weather being cold) in combination with iodide of potassium, and in about a fortnight some improvement was noticed, and after about three weeks or a month more it was more marked. With the return of testicular sensation the nervous affection got better, until at length he was quite well under these anti-syphilitic remedies. The question arises, Was this case not due to syphilis? I think it was.

I believe M. Fournier of Paris has recorded some instances of this affection being the result of syphilis. I remember a case myself, when a house-physician to a London hospital many years ago, the patient in this case being a young girl. Dr. Harlingen of Pennsylvania has published (*American Journal of Medical Sciences*, April, 1877) three very interesting cases. In one of these the subject was a young woman, in whom the biceps was so contracted that it seemed so shortened that the arm could not be extended. Recovery took place under anti-syphilitic treatment. In the next case the subject was a middle-aged woman, in whom the leg could not be flexed much beyond a right angle. It was cured in three months by mercury and iodide of potassium.

The third case occurred in a healthy married woman about a year after she had contracted syphilis from her husband. The left arm was the seat of the affection, in which the forearm could not be extended. Dr. Harlingen writes that improvement took place under iodide of potassium, but the patient attended irregularly and he lost sight of the case, and was, therefore, not able to record the result. He gives an excellent review of the literature of the subject, which, together with Dr. Abercrombie's graduation thesis on tetany in children, are worthy of a careful study by those who may wish to learn most of what is known of this somewhat obscure and singular affection.

I remain, Sir, yours truly,
Ahmedabad, Aug. 17th, 1883. JOHN C. LUCAS.

OSTLERE'S UTERINE DOUCHE.

To the Editor of THE LANCET.

SIR,—I have read in your journal of the 25th ult., a notice of Ostlere's Uterine Douche, which scarcely does justice, in my opinion, to the class of instruments of which that in question is, I think, the most perfect. It may, indeed, be considered the forceps of the puerperium, if I may be allowed to use an expression indicative of my belief, from experience as well as hearsay, that by its means many a life has been snatched from the jaws of death, and many more sacrificed by its non-employment. Your objection to it is based on two grounds: (1) the danger of injecting fluid into the peritoneal cavity by way of the Fallopian tubes, and (2) the difficulty of cleansing by its means the cervix uteri and vagina. Now, the former is a rare accident, usually observed in cases where there has been an abnormal patency of the tubes—a possible contingency which can scarcely be balanced to its advantage against the very real danger arising from a foul uterine cavity. The latter objection, if you will permit me respectfully to say so, is theoretical rather than practical, as the jet of the douche can be used as a most efficient vaginal irrigator. But while this purpose may be fulfilled by the use of an ordinary syringe, the uterine cavity can only be cleansed by the intra-uterine douche. I trust, Sir, you will pardon this criticism of an opinion which I presume has your editorial sanction; but as the tenour of your notice of the instrument may fatally deter some one or other from washing out the cavity of the uterus for fear of peritoneal infection, &c.—in cases, for example, of sapraemia, where the operation is not only the sheet anchor, but the very life boat of the situation—I have written what I know to be true, in the hope that this most important subject may receive full and fruitful discussion in your columns.

I am, Sir, yours obediently
ALEXANDER MORISON, M.D.
Green Lanes, N., Sept. 12th, 1883.

"LENGTH OF INCISIONS IN OVARIOTOMY."

To the Editor of THE LANCET.

SIR,—Seeing a discussion going on in THE LANCET just now about the length of incisions in abdominal surgery, and having noticed a statement made by the surgical registrar of St. Thomas's Hospital, in which he doubts the probability of any after-inconvenience arising from long incisions, I should like to report a case under my care at present.

Mrs. P—, aged fifty-four, was operated on in July, 1879, for an ovarian tumour. The right ovary was removed after two quarts of sanguineo-purulent fluid had been evacuated. A perfect recovery was rapidly made, the patient returning thirty-five miles to her home within six weeks.

In May, 1882, I was called to see her, in consequence of troublesome constipation. This I found to be in a great measure due to want of power in the abdominal walls; and on examination I made out that the cicatrix in the linea alba had certainly given way; there was then no solution of continuity, but a stretching of the fibres of the cicatricial tissue. Firm support in a great measure overcame this inconvenience, until three weeks since, when I was sent for at night, and in my absence Dr. C. Gwynn called, and found Mrs. P— suffering great pain in the hypogastric region, extending to the right iliac, and through to the back. This pain was due to a rupture of the distended cicatrix and a