

the second when she was in her first pregnancy, which, however, terminated at full term, the child being born naturally, and being now eleven months old and healthy.

State on admission.—Pregnant; believed to be in her seventh month. Has no uterine pains. Convulsive twitches affect the entire body; are continual while awake, absent while asleep, but more on right side. The patient looks frightened, grinds her teeth incessantly, and smacks her lips. Is quite conscious, but replies to questions very indistinctly. Tongue nearly clean. Pulse 132. Loud systolic murmur at the heart's apex, also at base; both sounds roughened at midsternum. Bowels costive; appetite fair; upper incisors much decayed. In the evening the patient became more restless, throwing all her bedclothes aside. Constant watching was required by an extra nurse to prevent her injuring herself against the bedstead. There was frequent opisthotonos. She complained of aching pain in the limbs and mouth. Bowels had acted freely from castor oil. Battley's sedative solution, with spirit of chloroform, in camphor mixture, was ordered every night; belladonna plaster to precordia.

Jan. 16th.—A fetus with its placenta, of six months' growth or thereabouts, was expelled rapidly without warning or flooding, at 4.15 A.M.; and the uterus contracted well immediately afterwards. The patient was attended by Mr. Vincent, the resident obstetric assistant. Dr. Hall Davis was now requested to take joint charge of the patient. At 6.30 P.M., the choreic convulsions having become very violent, chloroform vapour was administered to its full narcotic influence for three-quarters of an hour; but the movements continued afterwards as severe as before the narcotism had been resorted to. Later, however, she had snatches of sleep of five and fifteen minutes, but at 8 P.M. awoke up again more convulsed, and became so noisy as to require removal to the delirium ward. Headache and severe pain in the back complained of. At 11 P.M. she had a violent struggle, and then fell asleep for a few minutes.

17th.—At intervals very violent, but had periods of sleep of from five minutes to one hour. Pulse 144. No discharge from uterus. Breasts soft; a little milky serum expressed from nipple. The inhalation of chloroform to be repeated if necessary. The sedative at night; and to take arsenic solution, three minims, and bromide of potassium, six grains, in citrate-of-potash draught, three times a day.

18th.—Slept five hours during the night, in portions. Each time, on awaking, the convulsions were less violent. Headache gone. Subsequently had two hours' more sleep before midday, and now, except occasional grinding of the teeth and twitches, she lies quietly. Murmur at cardiac apex and base, also along sternum and both sides of that bone. Appetite very good. At night the bowels, which had not been open yesterday, acted sufficiently and spontaneously. Pulse 96.

19th.—Grinding of the teeth and twitches continue. She now answers questions more easily. Uterus lessening in size. Pulse 108. Same treatment continued.

20th.—The same. Reduced iron, six grains; continue the arsenite of potash with the bromide.

22nd.—Returned to her ward. Slight twitches of lips, ears, and limbs. The same treatment continued.

Feb. 1st.—Has considerably improved. No murmur now at the heart's base; faint systolic murmur at the apex. Repeat medicine.

9th.—The same treatment has been continued, with a moderately generous diet throughout, varied as required. Discharged convalescent this day. No cardiac murmurs now remaining.

Remarks.—The occurrence of chorea in pregnancy is sufficiently rare and interesting to warrant the record of this case. That the violent muscular contractions of the chorea supplied the exciting cause of the abortion, is more than probable. The fetus had not long been dead, and the placenta did not present a morbid appearance. It is possible that, as in the patient's first pregnancy, also complicated by chorea, the full term was reached, and a living child, which still survives, was the result, the same might have occurred here under an earlier treatment of the disease, instead of at three weeks after its invasion. It is noted that the bowels were costive before admission. This in a subject predisposed to chorea, and more especially in pregnancy, might have exerted considerable influence in determining the attack. There was no history of any fright, or of any cause of mental disquietude. Nor was there evidence of any prior attack of rheumatism; so that the case, so far as a unit goes, does not accord with the experience of M. Sée, and that of some other observers, in support of a frequent relation between acute rheumatism and chorea as cause and effect. It is true there was a systolic

murmur, both over the cardiac base and apex in this patient; but these murmurs were most probably due to excessive and irregular action of the general muscular fibres of the heart, aided by some morbid condition of the blood—such, for example, as exists in anæmia, which is so common in chorea, the mitral valve murmur being more especially due to irregular and violent contractions of the columnæ carneæ of that valve. As the murmurs had disappeared on the patient's convalescence, they could not be attributed to organic disease, such as might have arisen from a former attack of endocarditis proceeding from acute rheumatism. The ordinary treatment for chorea—gentle aperients, tonics, good nourishment—was pursued, with narcotic sedatives each night as long as necessary, and occasionally chloroform. As a tonic, the arsenical solution was first selected, as easily taken, and less likely to constipate than iron. The bromide of potassium was combined with it as a gentle sedative. Subsequently reduced iron was added, and continued during the last three weeks of the patient's stay in the hospital, which did not extend to a full month.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

A CASE OF NERVOUS TREMOR IN A WOMAN FOUR MONTHS AND A HALF PREGNANT, FOLLOWING A FALL; MALE CHILD, BORN AT FULL TIME, IDIOTIC.

(Under the care of Dr. BUZZARD.)

IN connexion with the case just related, it may be interesting to refer briefly to an unusual instance of involuntary muscular movements in a mother and child, which came under Dr. Buzzard's notice at this hospital a few months since.

A woman thirty-nine years old came into the consulting-room with general tremor of the limbs, and she brought with her a child four years old affected with chorea-like movements. The history gleaned was as follows. The woman was the wife of a porter, and mother of two children, one seven and the other four years old. She had enjoyed very good health until she was four months and a half pregnant with her second child, when a cab ran against her in the street one day and knocked her down. She fell on the right side, was much frightened, and lost her senses, fainting, she believes, for about ten minutes. On recovering, she felt the movement of the fetus for the first time, although she had previously been convinced of her pregnancy. She was so much shaken by the accident that she kept her bed for three weeks. On the day after the fall she first noticed tremulousness of her limbs, which increased and had continued up to the time of her application, more than four years.

When seen by Dr. Buzzard, her arms and legs were affected with uncontrollable shaking, and she walked lame, especially with the right leg. The grasp of both hands was much and equally enfeebled. There was no implication of the facial muscles. So much did the agitation of the muscles of her arm affect her, that she could only direct her fingers with extreme difficulty to pick up objects. She complained of occasional agonising pain of a "screwing" character on the back of the right forearm, halfway between the elbow and wrist. Both legs, too, were affected at times with "catching pains" about the middle of their external surface, and in the ankles. The pains occurred every night, and especially affected the under part of the big toes. She described them as being "as though someone pinched up and wrung the flesh." Both legs, but the left especially, were affected with unusual varicosity; and the feet were puffy in appearance and clumsy, but not oedematous, the alteration of outline being dependent apparently upon the varicosity.

The family history of this woman was of marked neurotic character. Her mother had died insane. Of two brothers, one had epileptic fits. A sister also was affected with epilepsy and was blind.

The male child which she was carrying at the time of her accident was born at the full period of gestation, but with evident symptoms of arrested development. At four years of age he was very small, with spare limbs, and an old thin face, and the mind perfectly idiotic. His head was nearly always drawn back by spasmodic contraction of the muscles at back of neck, and there was a continual wagging movement of it from side to side. The arms and legs were affected with constant twitchings, which continued, it was said, during the child's sleep. A few inarticulate sounds (one somewhat resembling "Mam") constituted his attempts at speech.

There was internal strabismus of the right eye, and frequent spasmodic contraction of the facial muscles of the right side. When an object was held near to him, he made futile efforts to clutch it, the face being then distorted with grimaces, the tongue protruded, and the fingers twitched with exceptional rapidity and complexity. His capacity to swallow was so limited that it was nearly impossible to give him solid food, and even a teaspoonful of milk could only be got down after great effort. Under an administration of arsenic for a few weeks the mother almost entirely lost her nervous tremor. The child, when lately seen, remained in the condition described.

WESTMINSTER HOSPITAL.

TRAUMATIC TETANUS TREATED WITH CALABAR BEAN;
DEATH; AUTOPSY.

(Under the care of Mr. FRANCIS MASON.)

ALTHOUGH the physiological effects of the ordeal bean were produced in this case, no influence for good appeared to be exerted over the course of the tetanus.

The patient was a girl, aged fifteen, who was admitted on September 14th, 1867. She had enjoyed good health until one month previous to her admission, when she was struck violently on the occiput with a rolling-pin. There was a considerable wound, and profuse hæmorrhage at the time, but she soon recovered. She continued well (with the exception of having a slight earache on the right side) for about three weeks, when she experienced a sense of stiffness about the neck and jaws, and, thinking she had taken cold, applied at the hospital. The house-surgeon, Mr. C. T. Winckworth, suspecting she was suffering from premonitory tetanic symptoms, admitted her, and ordered her four grains of calomel, to be followed in three hours by an ounce and a half of house mixture, and a linseed poultice to the neck.

On Sept. 17th she had a restless night, perspiring profusely. Took her food, which consisted of beef-tea, brandy, eggs, &c., well. Pulse 117, weak; abdominal muscles quite hard to the touch. She was ordered chloroform inhalation for one hour, and then to take one-eighth of a grain of extract of Calabar bean every hour.

Sept. 18th.—The tetanic spasms were very violent, coming on every five minutes. Risus sardonius well marked. Asked imploringly for the chloroform inhalation, which she said took away the pain. Pulse 130, weak. She continued the Calabar bean, and when seen at midnight was much calmer, the spasms being less frequent and less violent.

19th.—Her great complaint was intense thirst. She asked for some bitter beer, which she much enjoyed. The pupils were rather contracted. She had at intervals during the day the most violent spasms, and complained of great pain in the front of the abdominal wall. She had well-marked opisthotonos. She could not swallow so well, a quantity of thick sputa collecting in her throat. She passed her urine unconsciously. Dr. Anstie saw her with Mr. Mason, and it was agreed to discontinue the Calabar bean, and give her two grains of quinine in a mixture every four hours.

Without following the minute details of the case, it may suffice to say that she continued in much the same condition for three days, when a subcutaneous injection of morphia was given. She got a little sleep soon after; but the next day her appearance was most distressing. She suffered intensely from the spasms, and took the chloroform inhalations with avidity. She was liberally supplied with stimulants and food, and enemata were given; but she got gradually weaker, and died exhausted on September 27th, at noon—that is, thirteen days after admission.

Autopsy, twenty-four hours after death.—Surface of body jaundiced. Rigor mortis strongly marked in jaw and lower extremities, but less marked in the upper extremities. Extensive patches of blood within the sheaths of the recti abdominis. Left rectus abdominis ruptured very nearly across, one inch below the umbilicus. The liver, weighing fifty-two ounces, was very adherent to the neighbouring parts; it was fatty, and of a bright yellow colour. The muscles of the back were much congested, more especially in the lumbar region. On reflecting the scalp backwards, a piece of hair-pin, about an inch long, was found imbedded in the situation of the blow already referred to in the history of the case; but there was no skin wound, nor any special thickening or change of any kind noticed in the part. The central parts of the brain, corpus callosum, and fornix were soft; but the nerves themselves ap-

peared to be firmer than usual. External to the dura mater in the spinal canal was a quantity of bright yellow fluid. The pia mater was much congested, and the spinal cord softened throughout.

Reviews and Notices of Books.

Injuries and Diseases of the Jaws. The Jacksonian Prize Essay of the Royal College of Surgeons of England, 1867. By CHRISTOPHER HEATH, F.R.C.S., Assistant-Surgeon to University College Hospital, and Teacher of Operative Surgery in University College, &c. 8vo, pp. 416; with numerous woodcuts. London: Churchill and Sons. 1868.

THERE are few directions in which modern surgery has made more rapid progress than in the treatment of many of the diseases of the jaws; and this progress has necessarily been but imperfectly described in the various manuals and text-books, in which alone, until now, it has been described at all. It is therefore a matter for much congratulation that the Jacksonian Prize has served to call forth a volume upon the subject from the pen of Mr. Heath, who has not only given repeated proofs of his great surgical ability in dealing with the most formidable morbid growths of the parts under discussion, but who also, as a practised teacher, knows precisely what a book should contain, and who possesses in an eminent degree the literary skill which leads to graphic description and to lucid narrative. Mr. Heath's volume is at once all that we should expect from him as a practitioner and as a writer. More than this could scarcely be said in its praise.

The book consists of twenty-eight chapters. Of these, six are devoted to injuries; three, to inflammation and its results; one, to hyperostosis; three to cystic diseases; thirteen, to tumours; one to closure, and one to deformities, of the jaws.

Under the head of Injuries are included fractures and dislocations; and on this subject Mr. Heath draws largely from the copious storehouses of fact supplied by the surgical records of the Crimean and American wars and of the Indian mutiny. Not only is the ordinary treatment of fractured jaw fully described, but due mention is made of nearly every contrivance of importance by which the special difficulties of particular cases have been overcome, or by which the skill of the dentist or mechanic has relieved the deformity or inconvenience produced by imperfect or faulty union. Mr. Heath refers to the vascularity and active vitality of the face, in explanation of the rare occurrence of necrosis of splinters after injury; but he scarcely mentions a fact that we have had some opportunities of observing—namely, that these conditions are also singularly favourable to the restoration of the personal appearance after injury. We have seen an instance, in a young subject, of a face smashed by the kick of a horse, and left without treatment until swelling rendered the application of apparatus impossible, but in which, nevertheless, after a distorted union, the lapse of two or three years sufficed to remove almost entirely the external marks of disfigurement. It may be a consolation to surgeons in a difficulty to remember that there is perhaps no part of the body for which nature will do so much.

A large proportion of the subjects discussed in this volume involve the consideration of some of the gravest operations in surgery, such as, for obvious reasons, fall within the sphere of a comparatively limited number of practitioners. But questions of universal interest, and maladies often thought trivial, are in no way neglected or forgotten. Mr. Heath traces many serious consequences to the common alveolar abscess; and, with reference to this painful and troublesome affection, he makes the following pertinent and practical observations:—

“When the inflammation is due to a diseased tooth, extraction of the tooth, or stump of a tooth, should be immediately performed. There is a popular notion, which has received some support at the hands of some members of the profession,