

this type of pulse large and small contractions alternate in regular succession. Both auricle and ventricle may participate, and it has been noted that the large auricular contraction may coincide with the small ventricular beat. Such a condition, however explained, reveals an exaggerated auricular action with weakened ventricular force, and presents an important analogy to the more sustained strengthened auricular action, apparently excited by weakened ventricular force, and associated with the bruit de galop. Both the bruit de galop, and probably the pulsus alternans, are caused by weakened ventricular action; both have on independent lines been held to be of grave significance; and now it seems that we have a rational explanation of both, and incidentally we find exact corroboration of facts which were clinically noted long before explanation could be offered.

GASTRIC TETANY.

THE pathogeny of this condition appears to remain as obscure as it was when Kussmaul first directed attention to it in 1869. It was to be expected, perhaps, that, under the later and still dominant school of thought which seeks explanation for most pathological conditions in infection, the infective origin of gastric tetany should be suggested. Others, who have studied the condition very fully, believe that it may be due to absorption of stagnant contents of a dilated stomach which poisons the nerve centres and thereby increases reflex irritation. Such theories, however, still leave the pathogeny a *terra incognita*. The symptoms of gastric tetany are striking. There is usually a prolonged history of dyspepsia; the signs may strongly point to gastric or duodenal ulceration; still more often is there evidence of dilatation of the stomach, for which perhaps lavage has been industriously carried out. The tetany itself is abrupt in onset. There occurs pain of crampy character starting in the stomach. This is soon associated with spasms of the muscles of the extremities, especially the hands and feet. The fingers are usually flexed at the metacarpophalangeal joint and extended at the distal joints—the “accoucheur’s hand.” The spasms may extend to the larger limb muscles, and even involve the face. The general irritability of the musculature is often so enhanced that small local stimuli may induce a spasmodic condition of groups of muscles; in this relation, Chvostek’s sign is familiar. In severe cases the onset of the symptoms may resemble a convulsion; there is, however, no loss of consciousness, and the peculiar distribution of the spasms is diagnostic. The treatment may be medical or surgical; its objective is the stomach. A dilated stomach is the rule, and its cause is usually to be found in pyloric or duodenal ulceration. There are, however, exceptions. Frequent washing out of the stomach is of much assistance, but operative measures offer a more hopeful prognosis. Following a gastroenterostomy recovery may be complete, though not in every case. In an instance of gastric tetany described by Rodman (W. L.) in the *Journal of the American Medical Association* (1914, Vol. LXII., p. 590) the spasms followed operative treatment for duodenal ulcer associated with gastric dilatation. Previous to operation no such symptoms had been present. Recovery eventually followed. This writer emphasises the failure of medical treatment for gastric tetany, but at the same

time he deprecates too optimistic a view being taken of the success of surgical intervention. This view applies especially to those comparatively rare cases in which the spasms involve the muscles of respiration and the larynx. Asphyxia may ensue, and there is little hope of cure. General treatment should be directed to lessening the quantity of those substances in the dietary which favour fermentation.

A MONUMENT TO VESALIUS.

IN August next there will be erected among the wave-swept rocks of the island of Zante a monument to the memory of Vesalius, one of the great pioneers of modern surgery. The occasion will be the quatercentenary of the birth of Vesalius, who perished miserably on Zante on Oct. 15th, 1564, after being shipwrecked as he was returning from the Holy Land, whither he had made a pilgrimage in penance. The reason is somewhat obscure, but it is said to have been in consequence of his having, probably unwittingly, made a necropsy on a Spaniard who proved still to have been alive when the necropsy was begun. Dr. Tricot, who has taken the lead in securing this belated tribute on behalf of Belgium to one of her greatest sons, gave to his French colleagues at the Sorbonne the other day an interesting, if gruesome, account of the youthful enthusiasm of Vesalius, which led him when still a boy to feast his eyes, not upon the delicacies of the tuck-shop, but upon the display of meat and tripe on the butchers’ stalls. His delight at an early age was to procure a bullock’s heart or a sheep’s kidney and to carry it home in triumph for dissection, and we are told that while his father, apothecary to Charles V., encouraged his pursuit of anatomical knowledge, his mother, not best pleased with the turn things were taking in the home, grumbled, but provided him with a bib and tucked up his sleeves to prevent disaster to his clothes. Then the time came when the young student must needs work upon the human subject, and nightly excursions to the place where the bodies of criminals were left to be devoured by scavenging dogs provided at great personal risk material whose examination made him, at an age when he was still learning his Latin accidence at school, the best informed anatomist in Europe. He entered the University of Louvain at an early age, proceeding to Paris in 1533, where he continued his grim search for truth among the human débris by the Montfaucon gibbet. In 1536 he returned to Louvain, as a teacher of his subject. He then went to Padua, where he became Doctor of Medicine, and was appointed in 1537 Professor of Surgery with the right to teach anatomy. He also conducted courses in anatomy at Bologna and Pisa. Vesalius was offered the chair of anatomy in Pisa, where he had conducted public dissections, but preferring the office of Archiatros to the Emperor Charles V. of Spain he went to Madrid, where he served that monarch and his son for 20 years—viz., until 1564—when he went on his ill-fated pilgrimage. Having thus reached certainty by long and accurate study at first hand, Vesalius waged wordy warfare with the Galenists, whom he effectually answered in his epoch-making “*De Corporis Humani Fabrica Libri Septem*” (1543) in which the old theories were confuted by practical experiment conducted under conditions of almost insuperable difficulty.