A CASE OF
SEVERE SUBACUTE RHEUMATISM TREATED
BY MASSAGE.

By H. W. McCAULLY HAYES, M.R.C.P., L.R.C.S.

H. M.—, a strongly built, muscular young man, aged twenty-two, consulted me early in October, suffering from a severe attack of muscular rheumatism. When I saw him he was almost completely crippled. He could not use his arms or hands, nor could he stand. He could not sit up owing to the severe pain in his back, and it was with great difficulty that he could bend his knees. His hips were so painful that he could not bear them touched, and he complained of a severe pain, superficial in character, in the region of the occipito-frontalis muscle. In addition to this he was greatly distressed by pain in the region of the diaphragm, so much so that on some days he suffered agony on coughing or hiccoughing, and was quite unable to take a deep inspiration. His temperature was 99° F. His previous history was decidedly rheumatic, he having suffered from rheumatic attacks on and off for the past three years. His health was very good during the intervals of the attacks, and he used to take a great deal of out-door exercise in the shape of tricycling, tennis, and boating. Last September he spent his holidays on the river and frequently got wet, and two or three days before this attack he felt a little shivery and out of sorts. On examining him, I found that he looked very ill, with a thickly coated tongue and an expression of pain on his face. He was sitting in an easy chair when I saw him, and on my entering the room he attempted to rise, but suffered great pain in doing so. On getting him into bed, I found that almost every joint in his body, besides all the principal groups of muscles, were affected. The joints were slightly swollen, a little redder than usual, and very tender. His shoulders and the muscles in the immediate neighbourhood of the joints were very painful, and the muscles of the forearms were quite useless on account of the pain he suffered when they were used. Both wrist-joints were affected, and the palm of the left hand was exceedingly painful, the middle and ring fingers of the same hand being nearly bent in upon the palm—that hand being quite useless. All the muscles of his back and those round the hip-joint were exceedingly painful. Both knee-joints were affected, the pain being especially severe to the internal condyles. The soles of his feet were exceedingly painful and tender, so much so that he could not bear the slightest pressure upon them, and could not walk. He had a mitral systolic murmur, and the area of cardiac dulness was increased downwards and slightly to the left. Urine, high coloured, acid, with a copious deposit of urates on standing.

The patient had been treated with alkalis in the early part of this attack, but not getting relief I recommended massage, which I performed myself. He did not take any medicine, except a few doses of a mixture containing iodide of potassium, which had to be stopped, because the physiological effects of the iodide manifested themselves very early in his case. I began with a general shampooing over all the painful parts, and at first he could scarcely bear this process at all. The earlier sittings lasted from ten to fifteen minutes, but this was gradually increased, till at the end of the second week each sitting lasted from thirty to forty minutes. The first sign of improvement was that he began to sleep better at night. After this the pain began to pass gradually away from the different parts in the following order:—First, from the muscles of his back and neck, the improvement in this respect being shown by his being able to sit up; then his shoulders and knees got better, and his hip-joints were also much better—in fact, quite comfortable. His wrists did not show much improvement, and, with the palms of his hands and the soles of his feet, resisted treatment for a long time. The pain in the

region of the diaphragm was about the last to disappear. The good effects produced by firmly kneading the muscles was shown in this case by the result which followed this procedure when applied to the muscles of the back and neck and to the structures over the large joints. Pétrissage and effleurage were applied to the region of the diaphragm, and combinations of these methods, together with tapotement and friction were applied to the other parts affected. I am glad to say that my patient is now actively employed, and is keeping very well. During the course of massage, which extended over six weeks, hot baths containing washing soda were found very grateful.

Tavistock-road, Westbourne-park, W.

AN IMPROVED APPARATUS FOR
SUSPENSION.

By JULIUS ALTHAUS, M.D.

HAVING practised the treatment of locomotor ataxy and other chronic nervous affections by suspension ever since the appearance of Professor Charcot's lecture on the subject in the *Progrès Médical* for Jan. 19th, I soon found that the mode of suspending the patient by the assistant pulling the cord, and keeping him up for several minutes by sheer muscular force, was inconvenient, more especially in the case of heavy men, and where suspension had to be some-

what prolonged. The suspension then takes place by a series of jerks, and one cannot get rid of the apprehension that the assistant might suddenly "let go," and the patient might be injured by a too sudden descent. Morton, in a recent paper in the *New York Medical Record* (April 13th, 1889), also speaks of the cutting of the rope

as unbearable, even to a sound person, when protracted for five minutes.

Under these circumstances, it appeared to me desirable to add to the apparatus employed a mechanical contrivance, by means of which the patient might, even if of great body-weight, be pulled up easily and steadily, without jerks or the employment of much muscular force, and might remain suspended equably the whole time which might be required, without an effort on the part of the assistant. I therefore requested Messrs. Krohne and Sesemann, of Duke-street, Manchester-square, to fix to one of the poles of the tripod a winding-wheel, by means of which the cord could be pulled up and down in an equable manner, avoiding jerks, and be made, by means of a catch, to remain in any position in which it might be required. The accompanying diagram illustrates the contrivance so well that a further description of it is unnecessary. I am obliged to the makers for carrying out this idea in a very neat manner, and I have used the improved apparatus for more than two months with ease and success.

I have now made upwards of 300 suspensions in twenty-nine cases in hospital and private practice; and, although the time which has elapsed since this treatment was inaugurated is as yet too short for a definite opinion on the whole subject to be formed, I am convinced that suspension has already gained a firm footing in the therapeutics of chronic nerve-degenerations. In some of my cases the results have been actually brilliant, in the majority they have been good, while in a minority no benefit has resulted. Occasional failure, however, does not detract from the value of any remedy. In addition to locomotor ataxy and other spinal affections, chronic rheumatism and rheumatoid arthritis, and spasmodic torticollis, appear to be favourably influenced by suspension.

Harley-street.

A CASE OF

MULTIPLE OR PERIPHERAL NEURITIS, DUE TO CHRONIC ARSENICAL POISONING.¹

BY HENRY M'CLURE, M.D.

MULTIPLE NEURITIS may be due to the poisons of alcohol or other narcotics and stimulants, or to lead, arsenic, copper, and ergot. Of these, the most familiar is that due to alcohol or lead. Of whatever form, the neuritis presents certain characteristic symptoms. Among these, and nearly always present, are pains and abnormal sensations referred to various nerve distributions, described as numbness, tingling, burning, darting, shooting, or lancinating pains. Coldness may be complained of, referred to limited regions, or coldness alternating with heat. The pains may be referred to nerves, muscles, or joints; even symptoms usually referred to ataxia may be present, as "gastric crises," or as if the patient were walking on wool. The special sensory senses may be affected; also the motor, including paralytic, ataxic, and spasmodic phenomena—alterations in electrical reactions; and there may be reflex, vaso-motor, and trophic symptoms present. Of the objective sensory symptoms, the most important from a diagnostic point of view is tenderness of both nerves and muscles; this is a constant and distinctive symptom. The transmission of pain pressure and temperature sensation is delayed. Motor paralysis is, of course, a prominent symptom in multiple neuritis. The nerves first involved are the musculo-spiral and anterior tibial. The electrical responses vary with the amount of inflammation and degeneration in the nerves. Cases of acute poisoning by arsenic followed by neuritis have been reported; but I am not aware of any case having been published of chronic poisoning by this metal producing such a result.

My patient, a lady aged fifty-six, married, and with a large family, had always enjoyed excellent health till eighteen months ago. Since then she had suffered a good deal from pain, and had been treated for gout and rheumatism. When first seen (Sept. 22nd, 1888) she had an appearance of suffering, an unhealthy, muddy-looking complexion, the tongue was thickly coated posteriorly, the appetite very bad, there was obstinate constipation, the

pulse was 110, and the temperature normal. For the previous few months she had, as she described, lightning-like pains down the legs, and suffered at intervals of three or four weeks from what seemed an almost typical "gastric crisis." The pain now seemed more fixed in the soles of both feet, which were found to be completely anæsthetic to pricking and pinching. Sensibility was very much blunted on the dorsum of the foot, and less so up the front of the leg; in the latter region the muscles were notably atrophied. There was great unsteadiness of gait she could only maintain the upright position with some difficulty, and swayed sensibly when the eyes were closed. In attempting to walk she swayed from side to side, the knees were bent very much, and the toes turned outwards and dropped. On being placed against the wall, with the heels fixed, the toes could not be raised from the floor. The skin of the legs had a glossy appearance, and there was some mottling. Complicated movements could be performed with both hands, and the grasp was fairly strong. Some of the finger-joints were swollen and painful to pressure. Extreme coldness, alternating with heat, were complained of in both feet; these symptoms were also objective. Plantar reflex was abolished; the knee-jerks were exaggerated in both legs; and there was no ankle-clonus. The muscles supplied by the anterior tibial nerve gave no reaction to faradism, and only feebly to the galvanic current; but there was no qualitative change. The eyes reacted to light, but did not accommodate for distance; the pupils were equal and moderately contracted; and the discs seemed normal.

Static electricity by means of a Carré's machine was tried the same day, also general electrification by friction, and sparks were drawn from the soles of the feet and atrophied muscles, the fibres contracting energetically during the application, the procedure lasting seven minutes. This was repeated for three consecutive days, with the greatest relief to the pain, sensation also being most markedly improved. My patient now had one of her gastric attacks, including severe pain referred to the region of the stomach, nausea (no absolute sickness), and extreme faintness, accompanied by a feeling of unsteadiness even when in bed, objects in the room seeming to rise and fall before her eyes. These symptoms had quite passed off in two days, and she was able to resume the electrical treatment.

Dr. Donald Hood, who happened to be in Cromer at this time, kindly saw the patient with me. Our diagnosis then was an obscure organic lesion of the spinal cord. Strange to say, on this day the patient developed a well-marked "writer's cramp" in the right hand, with total anæsthesia of the tips of the thumb and first two fingers. After this, under static electricity, we had a most encouraging and steady improvement in all the symptoms; the pain had quite gone, the sensation almost completely restored, the general health most markedly better, complexion much clearer, and the appetite excellent. She now complained mostly of a feeling of heaviness and stiffness in the legs, especially at night, and as if a board were tied to her feet. By the middle of November she had improved so much that she could walk without help, and could raise both feet with the heels fixed. There was no pain, the atrophied muscles had notably grown, and to her friends she seemed better than she had been for a year. The power in the hand had also improved. All went well until Dec. 15th, when there was a complete break-down, ushered in by extreme pain and tenderness of the right foot, accompanied by a distinct flush on the outer aspect. There was paresis of both feet, most marked in the right. Pain was present in the left hand, with almost total anæsthesia of the tips of the fingers and inability to close the hand. The extensor muscles of the foot were very tender, and the sensation of pricking and deep pressure were markedly retarded on the soles and front of the leg; above the knee sensation was normal. The muscles supplied by the anterior tibial nerves of both legs gave no response to faradism and slightly exaggerated reactions to galvanism, but no qualitative changes. The knee jerks were diminished. There was also gastric pain and nausea.

For some time I had been reconsidering the diagnosis, and now, after this break-down, I was convinced I had a multiple neuritis to deal with, most probably of toxic origin, and gave a more hopeful prognosis. Alcohol and lead being excluded, my thoughts turned to arsenic. The wall papers were investigated, but gave no result. There happened to

¹ Paper read before the Norwich Medico-Chirurgical Society.