THREE CASES OF TABES DORSALIS TREATED BY SUSPENSION, IN ONE OF WHICH IT INDUCED PYREXIA.

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NUMBERS of cases of tabes dorsalis treated by suspension have been recently recorded, but in none of them has it led to any important complications if the suspension has been properly carried out under the doctor's superintendence. Some patients have fainted, some have been frightened, and in one of Messrs. Russell and Taylor's cases¹ diarrhoea and vomiting already present were aggravated. In the four cases in which death was due to the treatment the patients either suspended themselves or allowed someone who knew nothing about it to do it for them. Lately I have treated three patients suffering from tabes dorsalis by suspension, and as one of them showed as a complication considerable pyrexia, I thought the cases worth publishing. The accompanying chart shows that when the patient was first suspended his temperature rose two hours afterwards to 101·8°; at the same time he had a rigor. The next day his temperature was 102·2°. It will be seen that every suspension caused a greater or less rise of temperature, that after the third suspension the temperature took seven days to regain the normal point, and that the result of frequent suspensions was to keep it ranging about a degree above normal. With regard to the result of the treatment, in spite of the rise of temperature in this case, the pains, anæsthesia, and power of walking were improved, but the other symptoms were unaltered. With the second patient the gait was improved, the pains and gastric crises became worse, and the other symptoms were unaltered. The sensory symptoms in the third patient were slightly improved, the ataxy was a little worse, and the other symptoms were unaltered. But the remarkable circumstance was that in all the cases the patients were pleased even with so slight an improvement as they obtained, and they liked the treatment. It will be noticed that the only symptoms which improved were those over which the patient has some slight voluntary control. The pupillary reflexes and knee-jerks were always unaltered. This result agrees with those recently published by Haushalter and Adam² and by Dujardin-Beaumetz,³ save that in my cases the improvement in sensory symptoms was not quite so well marked as in those published by these authors; but, on the other hand, the results are better than those obtained by Messrs. Russell and Taylor. After all, the patient is the final judge of treatment, and, although the benefit my patients gained was almost imperceptible to me, they liked the treatment and wished for its continuance. For all I know, many other varieties of treatment might have done equally well, or it may have been only a coincidence that the patients got a little better during the treatment. Further experience alone can show whether the improvement under this method is more marked and longer lasting than under any other; my own impression, gained from these cases of my own, and from other cases of which I have heard, is that the benefit is certainly greater; but perhaps when the novelty of the method has passed off this will no longer be the case.

In the first case, the treatment was given up after ten suspensions of about a minute each, because of the rise of temperature. In the other two cases the time of suspension was gradually increased to seven minutes. The second case had fifty suspensions, and the third twenty-eight.

Wm. M—, aged forty-two, cabdriver, admitted on Sept. 20th, 1889; no family history of any importance; no history of syphilis. He has frequently got wet through. Six

years ago he noticed shooting pains down the thighs, and when he walked he felt as if he were treading on feathers. Soon afterwards he became ataxic, and two years ago girdle pains first appeared. During the last three years he has had incontinence of urine, until three months ago, when it ceased. When admitted to hospital he was very ataxic; he could not stand with his eyes shut; knee-jerks absent; partial anæsthesia of lower extremities; the temperature sense was deranged; he had no pupillary reflex, and the pupils were contracted. — Sept. 24th: Suspended for sixty seconds. Ten hours later he had a rigor, and the temperature went up to 101·8°. — 28th: Again suspended, but for thirty seconds only. The temperature again rose. (See chart.) — 30th: Again suspended for a minute. The temperature rose to 101·2°. After this rise it did not fall below 98° till Oct. 7th. — 7th: Suspension caused the temperature to rise to 100°. After this date he was suspended on six other occasions for a minute at a time. After the suspen-

* An asterisk indicates the temperature shortly after suspension.

sion the temperature always rose a little (see chart), and the result of frequent suspensions was to keep the temperature permanently about a degree above normal. The pulse and respiration before and after suspension were often taken, but it could not be made out that they altered. There was a rigor only after the first suspension. — 29th: The following note was made:—The patient says the pains are better, and he does not suffer so much from obscure feelings in the feet as formerly; his locomotion is improved. Knee-jerks and pupillary reflexes still absent. The pupils remain contracted. The anæsthesia of the feet is better, but the temperature sense is still deranged.

George S—, aged thirty-four, an agent, was admitted on June 17th, 1889. Has had syphilis ten years ago. Present illness began with a shooting pain in the epigastrium, followed by a series of distinct gastric crises. For the past three or four months he has had to use a catheter to empty his bladder, and lately he has had incontinence. For some little time past he has been ataxic. When admitted to hospital he had a slightly ataxic gait, but his difficulty was not increased if his eyes were shut. The pupils did not react to light. The knee-jerks were absent. He frequently suffered from lightning pains. He was often sick and had frequent gastric crises. He suffered much from constipation. He was first treated with a mixture of carbonate of bismuth and bicarbonate of soda, and after this he felt much better, and the gastric symptoms undoubtedly improved. — July 1st: The patient was suspended for a minute, and suspensions of a minute each were continued at first every other day, and subsequently oftener; gradually the time of each suspension was increased, until, by July 26th, he was being suspended for two minutes and a quarter at a time. On this date it was noted that there was no perceptible improvement in the patient, although he thought himself much better. On Aug. 2nd the lightning pains were very severe. On the 9th the gastric crises returned for a couple of days with all their old severity. — Aug. 30th: The time of suspension has been gradually increased, till now he is suspended three minutes and a half daily. The patient considers himself much better, but it is impossible to detect any improvement. The gait seems much the same as when he came in. — Sept. 17th: The time of suspension has now reached five minutes daily. The patient says that on the whole he is better; but when we came to question him we found that the gastric symptoms were but little improved, the pains were just as bad as when he was admitted, the bladder symptoms had not improved, the knee-jerk, and pupillary reflex were still absent. The constipation, he said, was

¹ THE LANCET, Oct. 19th, 1889.

² Le Progrès Médical, Nov. 2nd, 1889.

³ Therapeutic Gazette, September, 1889.

better; but then it must be remembered that it had during his stay in the hospital been treated with purgatives and enemata. He said he was sure that the ataxia was better, but it was not evident to those who had seen him walk when he first came to the hospital.—21st: Is now suspended for five minutes and a half.—25th: Is now suspended for six minutes.—Oct. 1st: Suspension now lasts seven minutes.—24th: For the past ten days he has not been suspended, as he has been confined to his bed by a series of severe gastric crises. He says the pains are worse than when he came into the hospital. The bladder symptoms are no better. The constipation is kept in check by drugs. He thinks that he can walk better; the knee-jerks and pupillary reflex are still absent. He has now had over fifty suspensions.

James P—, aged forty-six, admitted June 12th, 1889, for pains in the legs, swelling of the left knee, and difficulty in walking. One sister is in a lunatic asylum. There is a doubtful history of syphilis. Pains and difficulty of walking came on eleven years ago. Latterly he has had no feeling in his feet. His left knee began to swell in January of this year. It seems to have run the usual course. When admitted to hospital the left knee was swollen, flail-like, fluctuating and grating; knee-jerks absent; pupillary reflex absent. He was able to walk, but his gait was ataxic. When he tried to touch his nose the movements were very ataxic. The general sensation in both legs was considerably impaired; he had lightning pains in them. He passed his urine involuntarily. He suffered much from constipation. During June, July, and August the continuous current was applied to the legs; the patient thought he had improved a little, but the improvement was not very marked. On Sept. 2nd he was suspended for the first time for two minutes, for a few days he was suspended every other day, and then he was suspended daily. The duration of the suspension was gradually increased until Sept. 16th, when he was suspended for four minutes; on this evening he suffered severely from shooting pains in the legs and great coldness of them. The severity of these symptoms he was inclined to attribute to the suspension.—Sept. 26th: The suspension has been increased to seven minutes a day.—Oct. 24th: The total number of suspensions has now been twenty-eight, and since the last note they have been of seven minutes each. A comparison of his condition now with his condition on admission shows the following: The feeling in the feet is a little better, and the general feeling in the limbs is slightly improved. He does not think the lightning pains quite so severe. The constipation is less, but he has been treated with purgatives. The reactions of the pupillary and patellar reflexes are unaltered. The knee-joint is unchanged. The bladder symptoms remain the same. The ataxy in the legs is worse, that of the arms is unaltered.

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INFLUENZA IN LONDON.

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IT has for some time been known to readers of THE LANCET that there has been a severe epidemic of influenza on the continent of Europe, and the daily papers have contained many picturesque and occasionally incorrect details concerning it. No cases of the disorder as it has occurred in England have, I believe, been hitherto published; but there have been many cases, and I think a brief record of some of them at the present time may be of interest. I have now under my care a patient who undoubtedly has the disease, and of whose case I give brief notes.

J. K—, aged thirty-six, was in good health till Dec. 27th, when he felt chilly, and although he took a long country walk he was unable to get warm. During the evening he had severe frontal headache and pain in his eyes. He passed a restless night, and at 3 A.M. on the 28th he had pain which he described as excruciating in his lower costal region, in the upper part of his abdomen, and in his back—especially in the mid-dorsal region. When I first saw him at 12 midday he complained of severe frontal headache and of pains in

his arms. His eyes were suffused, and there was much lachrymation. His throat was congested, and his right tonsil contained one follicle, which was blocked with secretion. His temperature was then 99.2°, and his pulse rate 88 (the normal rate in his case being 55 to 60). In the afternoon he had vomiting, which he ascribed to the quinine I had ordered him. At 10 P.M. his temperature was 101°, and at 12 midnight 101.2°. On the 29th he had slight sore-throat and pains in his knees and thighs, and in his anterior tibial muscles and his recti femoris. His knee-jerks were sluggish. He had very slight suffusion of the eyes and some lachrymation, but no coryza. At midnight his temperature was 101.6°. After this he perspired very freely, and by 7 A.M. on the 30th his temperature had fallen to 99.5°. At 10 A.M. he complained chiefly of pain in the back and of pains in his knees and shins. In the evening he had no pain, but felt as if he had taken violent muscular exercise, and was tired out.

A few cases have been treated in St. George's Hospital by Dr. Ewart, who has kindly allowed me to publish some notes about them, but the space at my disposal makes it necessary that I should only quote two.

B. G—, a barmaid, aged twenty-two, was quite well on December 16th, but from the 17th to the 21st she had headache every day and felt very tired. On the evening of the 22nd she had severe frontal headache and pains in the muscles of her arms and shoulders, and about 7 P.M. she had an attack of shivering, which was so violent that she could not control her muscles sufficiently to avoid spilling the spirits which she was serving in the ordinary course of her duties, and her teeth "chattered" so much that "it made them ache." The patient went to bed, and perspired freely; but she passed a restless night, and the brief snatches of sleep she had were disturbed by dreams, and her wakeful moments by headache, by pains in her eyes and in her shoulders, knees, and forearms. On the following day, Dec. 23rd, she suffered still from headache and muscular pains and shivering; but she was able to work for two hours. She again had a bad night, and on the 24th was so weak that when she came to the hospital she could not stand. Her temperature when she was admitted was 100.4°; her pulse rate 122, and respiration rate 24. Her chief troubles were severe frontal pain and weakness, and she said that her eyelids felt so heavy that she could hardly keep them open. She had no excessive lachrymation, and no coryza. Her tongue was uniformly coated and moist. A few rhonchi were heard over her lungs, and she had a slight cough, but did not spit anything up. On Christmas Day the patient's temperature was normal, and her pulse rate 88. She complained of slight frontal headache and of weakness. A few rhonchi and râles were heard over her lungs, but there was no dulness on percussion. Her urine contained a faint trace of albumen. At 4 P.M. she again had severe headache, and on the 26th she had pain in her eyes and slight lachrymation; her temperature was about normal, and did not afterwards rise above 99°. On the 27th she complained only of slight cough, and on the 28th she was allowed to get up. She was very weak, and had one attack of sneezing, but no other symptom. On the 29th she vomited once after taking milk, but she complained only of weakness, and felt convalescent. Her breathing-sounds were good. The patient is now doing well.

J. B—, aged twenty-two, was an engineer at a large hotel. On Dec. 18th he went to bed at 11.45 P.M. feeling quite well. He slept till he was called at 5 A.M. on the 19th. When he awoke he had a dull pain across his forehead, "aching" pain in his back, and pains in his knees, wrists, shoulders, and ankles. The pain was worse when he moved. He had also excessive lachrymation and a watery discharge from his nose. His skin was moist. He felt, as he said, "regular ill." A doctor was sent for, and a "severe cold" was diagnosed. The patient continued to have pain during the day, but slept at night; and on the 20th felt stronger and had less pain, but he still suffered from nasal discharge and lachrymation. On the 21st he felt well and worked; and on the 22nd, which was Sunday, he walked about six miles, and went to bed at 11.30 P.M., when he felt well. At 12 midnight he had a severe rigor, or, as he said, "cold shivers," and his "teeth chattered and every limb shook." He was very restless and sleepless, but had no headache and no pain. On the 23rd he got up as usual at 5 A.M. and worked, but he felt "as if he had not a bit of strength in him"; he had, however, neither headache nor