

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

THE LONDON HOSPITAL.

TWO CASES OF NEURITIS; RECOVERY; REMARKS.

(Under the care of Dr. SANSOM.)

THESE cases of neuritis come under the classification adopted by some writers—that of infectious multiple neuritis. The condition is one of considerable interest, and Case 1 is especially so from the absence of history of definite cause. In connexion with this case it is worth remembering the theory of Löwenfeld,¹ that pathogenic bacteria in certain cases, instead of producing the corresponding disease, may directly, or after certain prodromal symptoms, cause extensive inflammatory or degenerative changes in the peripheral nerves. For the following notes we are indebted to Mr. Ernest J. Reynolds, house physician.

CASE 1.—J. P—, a Jewess, aged thirteen years, was admitted to the London Hospital on April 28th, 1890, suffering from partial paresis of both legs, accompanied by pains in the calves. The patient stated that eight weeks before admission she had pain in the calves on going upstairs; on the next day she was quite unable to walk. The pain in the legs remained intense until her admission. Previously her health had been perfectly good, except that she had a slight attack of sore-throat, but she was not quite clear as to whether this was antecedent to or coincident with the onset of the paralysis. On admission, her condition was as follows: Plantar reflex and knee-jerk absent on both sides, there was atrophy of the extensors of both legs, and the feet were “dropped.” Voice and speech were not affected, but the tonsils were distinctly enlarged. The electrical reactions were as follows: No reaction to faradism in anterior tibial muscles of either leg, and at the same time marked reaction of degeneration in both legs. Patient was treated with general tonics, and galvanism was applied to the legs, and she progressed slowly but continuously towards recovery.

CASE 2.—E. L—, an anæmic girl, sixteen years of age, was admitted into the London Hospital on July 9th, complaining of weakness in her legs, which had lasted for three weeks. The nasal tone of her voice being remarked, inquiries were made as to the presence of sore-throat, but the patient had noticed nothing except slight pain. There was, however, a marked history of regurgitation of fluid through the nose. She had also noticed difficulty in reading and some diplopia rather more than three weeks before admission—that is, a short period before the onset of failure of power in the legs. The physical signs on admission were as follows: The voice had a peculiar nasal tone; the soft palate did not lift when the patient was made to articulate “Ah.” There was internal strabismus; the knee-jerk was absent on both sides; the feet were “dropped.” The patient walked with a peculiar tired, heavy gait. The electrical reactions were: No response to a faradaic current that would make a healthy muscle react, while on using galvanism the reaction of degeneration was well marked in both legs. The patient rapidly improved under treatment and has now regained complete power over her legs, and the palate lifts on phonation.

Remarks by Dr. SANSOM.—These cases are chiefly interesting from the point of view of etiology. There is little difficulty in regard to the second case in ascribing the paralysis to diphtheria. The signs of involvement of the palate, the ciliary muscle, probably of one or more of the ocular muscles, and at a later date of the muscles of the lower limbs—all indicated by the history of the case previously to the patient coming under our observation—justify the diagnosis of diphtheritic paralysis in its ordinary

course. It is true that there was no history of an attack of diphtheria; but such omission in the category is by no means uncommon. We find some patients denying that sore-throat has ever been an antecedent, yet remembering afterwards that they had transient symptoms to which they paid very little heed; others who have complained of few or no throat symptoms have been known to reside in districts where diphtheria has been prevalent; and in some there is no direct evidence of causal relation with diphtheria whatever. Nevertheless, the definite course of the nerve lesions is sufficient to establish the diagnosis. In the first case (first in order of admission) the evidence of cause is much more obscure. The onset of the paralysis was not at all like that obtaining in cases of diphtheria. It was strikingly similar to that occurring in peripheral neuritis due to alcohol. But alcohol as a cause was entirely excluded. From want of evidence we may be obliged to class some of such cases under the head of “idiopathic” neuritis, but it is obviously undesirable to do so; the term “idiopathic” is but a cloak for our want of knowledge. There was in this case the history of an attack of slight sore-throat, and the tonsils were enlarged, though there was no evidence whatever of implication of the soft palate. We may ask, Are there some forms of throat affection other than diphtheria which may be followed by neuritis different from that known as diphtheritic paralysis? On this point I have had some evidence. For instance, I observed the case of a gentleman aged forty-seven who in the early spring of this year suffered from an attack described as tonsillitis, with a relapse. In May I noticed that there had been some loss of substance from the tonsils and some pharyngitis. At the end of May there was much general muscular tremor, and I found that, though there was no difficulty in swallowing, nor affection of voice, nor even impairment of the power of lifting the veil of the palate, the uvula and the velum manifested a distinct tremulousness on efforts at deep inspiration. The chief sign, however, was pain which was referred to the left trapezius muscle. Treatment little influenced the severe pain, and the patient became much pulled down. He tried a voyage to Norway without benefit, and, lastly, Aix-les-Bains. After a course of treatment there the pain ceased, but its disappearance was preceded by severe neuralgia in the left side of the face. Here, also, was an instance, which I take to be of neuritis, with chiefly sensory manifestations, differing from diphtheritic paralysis, but preceded by a form of ulceration of the throat. In another case of a boy of twelve I could get no history of any throat ailment, but on May 16th, whilst in the country, he manifested pyrexia, temperature rising to 102° F., and giddiness, followed by weakness of the lumbar muscles, so that at first he had to pull himself upstairs by the banisters, and afterwards he could not sit up in his bed. He suffered also pain running down the thighs to the gastrocnemii. I had several opportunities of examining him, and I came to the conclusion that his was a case of peripheral neuritis, due to a zymotic cause. There are other cases of peripheral neuritis now in our wards which require careful study.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

A SERIES OF RENAL CASES IN WHICH OPERATIVE PROCEDURES WERE REQUIRED; REMARKS.

WE commence this week a series of five cases in which exploration of the renal pelvis was performed for symptoms of calculus, and in two of the three cases which we give below the diagnosis was confirmed, and a calculus removed by the lumbar operation. The condition of the parts at the time of operation will not often permit of the operation for removal of renal calculus to be completed at one stage, and primary union of kidney and more superficial structures obtained without drainage. This, which may be called the perfected operation, has been successfully attempted by Le Dentu,¹ the patient being completely well on the eighteenth day. It will be noted that some trouble was met with in more than one of these cases after the stone had been extracted, and that in each this somewhat alarming

¹ Munchen. Med. Wochen., 1888.

¹ Le Bulletin Médical, 1889.