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TUMOR IN THE SPINAL CANAL—DEATH—AUTOPSY.

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BY EDWARD H. CLARKE, M.D.

THE person whose case is now presented to the Society, was, during the largest part of his illness, the patient of Dr. Moses Rogers, of Falmouth, Mass. For a short period he was under my care in Boston; and also for a short time he was a private patient in the Mass. Gen. Hospital, where he received the advice of the physicians of that institution. The following report of his case is compiled from an account of it, kindly furnished to me by Dr. Rogers; from the Records of the Mass. Gen. Hospital; and from my own notes.

Mr. ———, an American, æt. 43, was born in Dedham, Mass. During his last illness, and for some time previous to it, he resided in Falmouth, Mass. He was married. His profession was that of a clergyman. He was about 5 feet 5½ inches in height; stout, with a large head and an active brain. He had always enjoyed robust health, and had been capable of a great deal of physical and mental exertion. He had never suffered from dyspepsia or other ailments to which professional men are often liable, except occasional sick headaches, and these always induced by excitement.

Sixteen years ago, while assisting in lifting a heavy weight, he felt a "stitch" or pain in the back of his neck, which troubled him for a few days. Ever afterward he felt a weakness or uneasiness in the spot where the pain was perceived, whenever he took a long walk, but at no other time. During the summer of 1858, he bathed frequently in the sea, and continued his baths late into the autumn. It was his custom to remain in the water for fifteen or twenty minutes. No sensation of chilliness or discomfort was induced thereby. In January, 1859, while riding in face of an easterly storm, he felt pain in the back of his neck, extending to the right ear. Soon after, he also felt pain between his shoulders, and was so uncomfortable that he sought medical advice. An examination of the seat of pain revealed no tenderness. A blister was applied. Chloroform and other counter-irritants were

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used externally, and considerable temporary relief was obtained. But the relief was only temporary. The pain returned with increasing severity,

By the 1st of May, 1859, his distress became intense. He could not lie down or sit up, comfortably, in any position. On some occasions he stood erect all night, rather than sit or lie at all. At this time he began to feel numbness in his right arm and hand. He also complained of weakness in raising his arms, and especially in raising his right arm. There was some swelling of his right hand, with inability to detect articles grasped by it. In his left hand there was slight diminution of power. Two or three weeks later, a similar numbness was observed in his left leg, and soon afterward in his right leg, with slight weakness of his knees, and hesitation in walking. At about the same time, he began to feel numbness around his abdomen, and experienced some difficulty in voiding his urine and feces. This sensation of numbness gradually spread over his chest as well as abdomen, and gave him a feeling which he described as one of being cased in armor, or bound with iron. His drinking-water and wine were analyzed, but no lead could be detected in them. His bowels and appetite were normal. The distress induced by the sitting and the horizontal posture grew gradually less. By the middle of May he was able to lie down all night, and for some time he slept tolerably well. He came to Boston early in May, where he remained for two weeks. Thence he went to Northbridge, and after a visit of three or four weeks he returned to Boston, and entered the Mass. General Hospital.

At this time, which was the last week in June, an examination disclosed slight pain on pressure at the back of his neck, and also on twisting it a little. He could not hold his head back, and preferred to keep it over the centre of gravity. The pain, which he referred to the top of his spine, was most severe at night, or when first moving in the morning. His sight was not affected, but somewhat later there were *muscæ volitantes*, especially in the left eye. He thrust his tongue out a little to the right, but was able to protrude it from either side. Riding produced pain near the top of his spine. On long walking he put his foot down carefully, and moved with a shuffling gait. The pulse averaged in the neighborhood of 65 and 70 per minute, and was apparently normal. The numbness and loss of power, described above, continued, and were more marked. Sometimes, when any part of his body was touched, he complained of a reflex action in his extremities. There was no distinct tenderness anywhere along the course of his spine, below his neck; and on his neck, the tenderness was by no means decided. Occasionally, it was not felt at all, even on hard pressure. There was no apparent sensitiveness to the passage of ice along his spine from occiput to coccyx.

He left the Mass. General Hospital, and returned to his resi-

dence in Falmouth about the middle of July. At that time, or very soon after, he could raise his left hand to his head, but had no control over his right arm and hand, except to move his fingers. He could use his left foot quite well, but had so little use of the right that he could not walk without assistance. There was also impaired power of the muscles of the throat, and some vertigo. By the first of September, the disease had made slow but evident progress. At that time, nearly all voluntary motion was abolished. During the first and second days of September, the disease suddenly and decidedly advanced, and involved the involuntary as well as the voluntary muscles. He retained power only to move his head a little from side to side; to whisper; to swallow liquids, and to breathe with difficulty. His intellect remained clear. It had been so throughout the course of the disease, and it continued so to the last. He suffered greatly from pain, and at times he had paroxysms of intense agony. The severity of the pain seemed to increase with the progress of the disease. During the last week or two, he could scarcely find words in which to describe his sufferings. He said that he felt like one bound into an iron coffin, with live coals packed about him; and that his neck felt as if it were noosed in a cord, which some one was constantly trying to tighten. The pain was evidently not confined to his neck and its neighborhood, but was felt more or less universally. He died on the 10th of September.

Various remedial measures were resorted to, in the treatment of this case. None of them seemed to stay the progress of the disease, or to influence it much. Some of them ameliorated his sufferings. Counter-irritation and dry cupping were early employed. Later, electricity, colchicum, strychnia, iodide of potassium and iron were exhibited, one after another, though not in the order I have mentioned them. Still later, repeated blistering was tried upon his neck, and a seton passed through it. Opium, in various forms, was given, and in the last stages of the disease it was exhibited freely. Chloroform and ether were largely administered by inhalation, and with marked temporary relief of pain.

A *post-mortem* examination was made by Drs. John Mackie and Moses Rogers, of Falmouth. From their report it appears that a "tumor was found within the spinal column, at the right front of the cord, and at the third vertebra. The cord immediately pressed by the tumor was little more than membranous; and at the opposite side of the tumor there was destruction of a portion of the vertebra." The tumor, thus described, was sent to me, preserved in alcohol. Dr. Ellis, to whom it was submitted for examination, describes it as follows: "Having been preserved in alcohol, it could not be examined as satisfactorily as under ordinary circumstances. To the naked eye its structure appeared rather loose; and examined with the microscope, cells were seen, but so much changed by

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the action of the alcohol, that no opinion could be formed of their actual character."

From this statement it is evidently impossible to say whether the tumor was malignant or not. The question has been asked, whether the strain which was felt in the neck sixteen years before the fatal attack, might not have been the cause of the tumor. There is nothing in the case which warrants such an inference, though it is possible that the tumor may have so originated.

GANGRENE OF THE LUNGS.

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BY CHARLES D. HOMANS, M.D.

J. D., Irishman, aged 35 years. The previous history of the case is shortly as follows:—There was no hereditary predisposition to disease. He had generally been a healthy man, though at times in the habit of drinking too much. His trade was that of a shoemaker, of course somewhat sedentary. During the spring of 1858, he was attacked for the first time with cough, in the beginning slight, but gradually increasing in severity. He soon began to lose health and strength, and became much emaciated. There was never any hæmoptysis. For two or three weeks before he was first seen by me, he had been confined to his room, and most of the time to his bed.

Sept. 21st, 1858.—Is a rather tall man, of a dark complexion, and much emaciated. Is lying in bed on his back. Countenance anxious; tongue with a dark grey coat; pulse 88; skin hot and moist; no headache. At times, has chills, followed by heat and sweating, the latter frequently quite profuse. Coughs much, expectorating a dark-colored, slightly offensive mucus. Bowels generally regular. Appetite pretty good. Respiration somewhat labored and hurried.

Percussion reveals nothing marked. On auscultation, mucous râles are heard generally over both sides of chest, perhaps most marked below right scapula. One drachm of a solution of diluted sulphuric acid, two drachms to four ounces, was directed to be given every three hours. One drachm of solution of morphine (the sulphate) to be taken at night, *p. r. n.* For drink, flaxseed tea, acidulated. Diet to be vegetable. Expectoration to be saved.

22d.—Passed a restless night, suffering from dyspnœa, which is increased, and necessitates a half sitting posture. Has expectorated perhaps half a pint of a dark-colored fluid, more offensive than that of yesterday. Pulse 90. Otherwise as before. Sinapism to chest, *p. r. n.*