

A CASE OF ACUTE MYELITIS OF THE DORSAL CORD.—EXHIBITION OF THE PATIENT.

BY DR. WHARTON SINKLER.

Edward Jones, æt. forty-one; married; born in England; occupation, laborer in bolt and nut works. He has never had any serious illness and denies any venereal disease. He has been a moderate drinker, but smokes excessively. He has lost the right eye—by an accident he says, four years ago. Patient applied for treatment at the out-service department of the Infirmary for Nervous Diseases October 5, 1891. He states that two weeks ago he was intoxicated, that it had not been his habit to drink heavily, but on this occasion he was much under the influence of liquor at night. He felt no ill effects from it, but a week later, that is on Monday morning, Sept. 28, he found on coming down stairs that his legs were weak; that although he could walk, he was not able to go to work. He had no pain in the legs or back and no numbness or formication in the legs, but there was slight numb feeling in both hands. He had no illness or indisposition of any kind preceding the loss of power in his legs. He walked dragging his legs and shuffling along the floor, the chief difficulty seeming to be in the flexors of the thighs. He stood with eyes shut without difficulty although there was some sway even with the eyes open. The knee-jerk was absent and not reinforcible. The elbow-jerk was also absent. There was some slight incoördination in the movements of his hands apparently due to weakness. Sensation to touch and localization in hands good. Dynamometer, right 120, left 115. On examination of the spine it was found straight; no pain or tenderness on percussion or pressure, and all of the movements of the trunk were free. The muscular condition over the body is good. There was no wasting and the muscles everywhere responded normally to the faradic current. There was no loss of power in the bladder or rectum. The heart sounds were normal. The pupils moderate in size and reacted to light and to accommodation. He was ordered to take fluid extract of ergot, half drachm three times a day. One week later his wife came to report that his condition was very much worse; that he was unable to walk or indeed to support himself on his feet. He was therefore admitted to the hospital October 13, 1891. On admission the following note was made: The patient is unable to stand, but he can move his legs in every direction feebly, and as if they were very heavy. Sensation is everywhere perfect, both in the hands and

in the legs, the sharp point of a pin being readily distinguished from the head. Power of localization also good. Tendon reflexes entirely absent. He has good control over anal and vesical sphincters. He has no headache or dizziness, and has had no convulsions. His sexual appetite is lost and he has no power of erection. He sleeps well and has a good appetite. He can flex the legs when in a recumbent position, but he is unable to do this if even slight resistance is offered. The skin of the soles of his feet is dry and harsh. The plantar reflex is present as is the cremasteric. The electrical examination shows no loss to the faradic current. Patient was ordered rest in bed, massage, and the ergot to be continued. On Oct. 26, patient had lost strength still farther. He was barely able to move his legs in bed, but there was no loss of sensation, although the compass points are not differentiated at less than two inches on the soles of his feet. There is no pain, aching or numbness felt in the legs. Three days ago there began to be loss of power of the bladder. This was relieved temporarily by hot fomentation over the abdomen. To-day he complains of violent pain in the rectum with involuntary movements of the bowels. He has complete loss of control over the sphincter ani. Examination per rectum shows relaxation of the sphincters and the bowel filled with a soft faecal mass. The paroxysms of pain in the rectum were so severe that the patient had to be kept under the influence of opium for several days. Sometimes an opium suppository was sufficient, and other times a hypodermic injection of morphia was necessary. There was paralysis of the bladder and the urine was drawn by catheter twice or three times in the twenty-four hours. November 1, the ergot was discontinued and iodide of potassium, ten grains three times a day, was ordered, the dose to be increased by one grain three times a day. The patient's temperature was not above normal. He became very much prostrated generally, and was unable to take any but liquid nourishment on account of anorexia. November 20, there was improvement in his condition. The attacks of pain in the rectum were not so frequent, and the power of the bladder had been regained. He was able to move the legs rather more strongly. The patient's condition improved steadily from this time onward, and by December 1 he had entirely regained control over both anal and vesical sphincters. On December 25 he was discharged from the hospital, and he was able to walk well and without dragging the feet or stumbling. He stood firmly, and there was no sway while the eyes are open, but when the eyes are closed there

is a slight sway, hardly more than normal. The knee-jerk could be reinforced, but was absent without reinforcement. The muscles were firm, and were not wasted, and they responded freely to the faradic current. The treatment during the last six weeks in the hospital consisted in the administration of the iodide of potassium in ascending doses; the maximum dose reached was fifty-four grains three times a day. Massage and the faradic current were used daily.

On exhibition of the patient he walked without difficulty, and seemed to have entirely regained his muscular power. The knee-jerks are slightly present, but are marked by reinforcement.

This case was of interest to me from its resemblance to one which I reported to the American Neurological Society, and in which Dr. Burr made a microscopical examination. In this case there was paralysis of the legs, rapidly extending to the upper extremities and face, the patient dying of respiratory paralysis. At the autopsy we found not a polio-myelitis, as I had anticipated but a diffused transverse myelitis of the cervical cord. It seems to me that in this case there might have been a similar condition, and that the hyperæmia or myelitis did not go so far as to cause degeneration of the nerve cells of the anterior horn.

Dr. WILLIAM J. HERDMAN, of Ann Arbor, Michigan, who was present, exhibited, by invitation, photographs of a case of intra-cranial tumor. The case came into the University Hospital (Michigan) a year ago. The symptoms very closely resembled those of glosso-labio laryngeal paralysis. There was also decided paralysis of the limbs. She could sit erect in a chair, but could not get about. She had scarcely any pain. The tumor was as shown, at the base of the brain, and had involved the fifth nerve on the right side. The gasserian ganglion was eroded away. Another peculiar thing was that although two ophthalmological examinations were made, no changes were found in the retina. Yet she had loss of sight of the right eye and the tumor must have caused serious obstruction of the circulation on that side. The tumor had caused erosion of the petrous portion of the temporal bone. The exact nature of the neoplasm, which was subdural, had not yet been determined. It was thoroughly encapsulated by a layer of fibrous tissue, but in removing it the sac burst at one point, and caseous material escaped resembling that seen in degenerated tubercle deposits, yet there was no evidence of tubercular disorders in other parts of the body.