

## NOTES OF A CASE OF DISORDERED SPEECH, EXAGGERATED KNEE-JERKS, &c., FOLLOW- ING ON SHOCK.<sup>1</sup>

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THE following case is reported owing to its uncommon character:—

J. S., æt. twenty-nine, for the last three years in the Metropolitan Fire Brigade, and formerly a sailor, was in perfectly good health till the beginning of 1890, when he felt much the worry of the telephonic fire-calls. At a fire he suddenly lost his voice, which, however, returned before the fire was over. About this time he used to think he heard the telephone fire-calls when none were sounding. He kept well and quite fit for work until November 13, 1890, when he was at the fire at the Wellington Barracks. He was much excited about the rescue of some children, and in extricating them he fell, through the ceiling, a distance of fourteen feet. He was not visibly injured but was giddy and excited and had totally lost his voice. On admission to Westminster Hospital, two days afterwards, the voice had returned, but he was exceedingly nervous, entirely sleepless, and his limbs were markedly tremulous. There was a slight general want of co-ordination of movement; the knee-jerks, elbow-jerks, and wrist-jerks were excessively marked, and there was distinct, though not great, ankle-clonus on both sides; general sensibility was apparently normal, and there was no affection of the discs or any impairment of the special senses. He improved gradually under the influence of rest, good feeding, and bromide of ammonium, and soon was sent to a convalescent home. He then gradually lost his voice again, becoming soon unable to speak except in a whisper. Suddenly, violent movement of the facial muscles, as of one who stammers badly, accompanied every effort to speak. He returned to his work, but had to leave it again owing to giddiness and neuralgic pain in the head. He was readmitted to hospital on February 6, 1891, speaking alternately in a whisper and a very high-pitched quavering falsetto, and this phonation often took

<sup>1</sup> Shown at the Neurological Society's meeting, March 5, 1891.

place with the indrawn breath. When he spoke there were marked facial grimaces, and his lips had the appearance of being stuck together, requiring a great effort in separation. With the laryngoscope the action of the cords was seen to be much perverted, abduction taking place with expiration and adduction with inspiration, the movement appearing choreic. He complained of marked *clavus* in the left temporal region. There were several patches of anæsthesia on the legs. At the time of exhibition at the Society the knee-jerks were seen to be much exaggerated, percussion on the patellar tendon or elsewhere causing widespread spasmodic movements of the body generally. The wrist-jerks and elbow-jerks were very brisk, and there was jaw-clonus; ankle-clonus was but very slight. The vocal disorder, as above described, was well marked.

This case appears to come strictly in the category of functional disorder after shock. It is somewhat remarkable as occurring in a man of good physique and excellent health, with no family history of insanity or any neurosis, and no previous illness.