

Miscellany

A CASE OF RAPID PARAPLEGIA. G. R. Hamilton (Liverpool Medico-Chirurgical Journal, No. 46).

The author reports the case of a man, 41 years old, who had a trifling fall from his bicycle on August 27. That it was not a serious accident is plain from the fact that he walked twenty miles, later in the same day. He was as well as usual until the night of October 27, when he complained of having contracted a "chill." He travelled to London and, not feeling well, returned to Liverpool on October 30, on the evening of which day he was seen by the author. He seemed to have some intestinal catarrh and a cold. Some gray powder was ordered. The next evening his temperature was 101 degrees, and the same the following day. He was kept in bed. The following two days showed improvement, with normal temperature, clear tongue and a desire to go to work. At four on the same afternoon, while talking cheerfully he found he had suddenly lost the use of his legs. Before he could get to bed he was completely paralyzed from the waist downward. The author saw him that afternoon and found complete motor paralysis and loss of sensation from the level of the ninth dorsal nerve downward. The line of sensory appreciation slightly above the umbilicus was distinctly marked. There was no line of hyperesthesia. Plantar, patellar and cremasteric reflexes were absent. He had an evening temperature of 101 degrees, with severe headache, and pain in back. The abdomen was distended from intestinal paralysis and there was retention of urine. On the morning of Nov. 5 he felt better, and the urine which was drawn off contained no sugar nor albumin. On the afternoon of that day, however, the loss of sensation had extended upward to the level of the spine of the scapula. At midnight he suddenly became unconscious and the respirations had increased. In the morning the breathing was entirely diaphragmatic. His face was turned to the left, and there was varying deviation of the eyes to the left. He nearly choked on attempting to swallow a little water. On Nov. 7 both arms were paralyzed. Right facial paralysis was present, but was overcome, together with the deviation of the eyes by the fresh administration of oxygen. He died on Nov. 9. The diagnosis from the first was that of hemorrhage. The lesion was probably located in the lumbo-sacral region, although difficult to locate definitely. The author thinks the accident had nothing to do with it. The high temperature pointed to a septic origin, but the feverishness entirely disappeared before the paraplegia occurred. Post-mortem the lesion was discovered to be intramedullary hemorrhage, most marked at the level of the ninth dorsal nerve. At this point the cord was almost entirely destroyed, and the hemorrhage extended down to the level of the third lumbar vertebra and upward to the mid-cervical region. JELLIFEE.

THE GROSS APPEARANCES OF THE TISSUES OF THE IRIS IN EPILEPSY. C. A. Oliver and J. C. Knipe (The Ophthalmoscope, May, 1905).

The material for these studies was obtained from the nervous wards of the Philadelphia Hospital. The work was done mostly during the writers' last three months of service, in the ophthalmic wards of the institution (January, February and March of last year, 1904).

Every case was submitted to a critical ophthalmic examination, in order that all local ocular disease might be excluded. Nearly 60 subjects, males as a rule, and preferably native-born American adults, were used. Each eye was examined in every relevant detail. Notes of all the findings were taken at the time, and later compiled as a whole without any regard to the character of the results. Diffuse daylight was concentrated upon the magnified tissues of the membrane in such a way that thorough study could be made of every exposed portion. As a result it was found: