

TWO CASES OF SYRINGOMYELIA; ONE OF UNILATERAL TYPE.¹

From the Polyclinic Service of CHARLES K. MILLS, M.D.,
Philadelphia.

Reported by J. W. McConnell, M.D.

CASE I.—R. A. R., white, male, aged 52 years, an iron roller, has a good family history. He denies venereal taint, does not use tobacco and indulges but little in alcoholic stimulants. His physical history is good up to the time of commencement of the present trouble, having had no illness or condition requiring surgical attention, excepting a very painful whitlow with which he suffered about twenty years ago. The patient has been an iron worker since he was twelve years old and is a hard working man.

About twenty years ago, he was troubled with pains, shooting in character, occurring in the right shoulder or arm or hand separately, and at times involving the different portions of the upper extremity simultaneously. He never had shooting pains elsewhere and for many years has not been conscious of pain of any kind. There is no history of diplopia, vesical or rectal trouble, nor of ataxia.

Nine years ago (1885), his attention was drawn to a peculiarity in his sensibility to heat and pain. While at his work he leaned against a hot steam pipe and burned the right side of his back severely without being conscious of it, and he was unaware of anything having happened until two weeks afterward, when the bloody bedclothing caused him to wonder as to the source of the blood. Again last winter (1892), he burned himself close to the seat of the first burn by resting against a hot furnace plate. Of this injury he was ignorant until his wife, seeing the ulceration, inquired the cause.

Both burns were very slow in healing, and at the present time a mass of proud flesh marks the seat of the injuries.

The present condition of the patient is as follows: He is a well nourished man, whose back just below the angle of the right scapula, is marked with two large scars,

¹ Read before the Philadelphia Neurological Society, Jan. 22, 1894.

each about four inches long and two inches wide, the results of the previously mentioned burns. He complains of no pain, no loss of power, no feeling of ill health, nothing but a loss of certain sensibilities, which loss makes his employment a dangerous one.

On the right side of his body, commencing just under the jaw of that side, is noticed a peculiarity in the sensibility to heat. This peculiarity is not a complete loss of thermo-sensibility, except in certain localities. In portions of the back, right arm and leg, is complete loss, in others a retardation of heat sense, in a third the sensibility to heat and cold seems to be confused.

Over these same areas is also a change in the sensibility to pain. Here, again, we have not a complete loss, but rather a retardation in the conduction of painful sensations. Sticking a needle into the right side of the body does not cause pain, but if the needle is allowed to remain in the flesh a few seconds the patient can differentiate between sharp and dull.

Tactile sense does not seem to be impaired. He responds almost immediately to the touch of the finger. Muscular sense is also apparently normal.

There is no atrophy or loss of power in the affected side. Electrical examination gives negative results. Knee jerk and muscle jerk are decidedly plus on both sides.

CASE II.—S. C. S., white, male, aged 65 years, a farmer, came to the Polyclinic Hospital Clinic for Nervous Diseases. His family and personal history are negative in relation to any cause for the present trouble, and until seven years ago he had been free from serious sickness of any character.

In 1886, the patient noticed for the first time some weakness of the right lower extremity, commencing, as he says, in the foot and gradually involving the whole limb to the hip. In consequence of this weakness, he was required to use a cane to assist him in locomotion, and with that aid he could move about with but little difficulty. There was no pain accompanying this weakness at first, but in 1890 the patient became conscious of some uneasiness and stiffness in the limb, and later on had positive though slight pain in the lumbar region.

In 1889, the right knee became swollen, and the joint has gradually changed in shape and position. At this

time it was noticed that the muscles above the knee joint were wasting somewhat.

There is no history of urinary or intestinal trouble until 1891, when he commenced to have difficulty in passing his urine. No pain, but the bladder seemed to have lost in muscular tone, and the expulsive force was less than normal.

His condition January 25, 1893, was as follows: Intelligent, well-nourished man, with well-formed trunk and arms, but a peculiar deformity of the right leg. About the knee of this side is much wasting of muscular tissue, and the joint is so changed in shape that the limb presents the appearance of an arc of a circle with the convexity backward. When the patient walks he is able to bend the knee, but the weight of the body resting on that limb causes the arching or curving of the limb to be even more marked than when standing quietly on both legs.

The left limb is normal in appearance and presents no changes of any kind. Movements of the right foot are all impaired, but not totally lost. Those of the left seem to be preserved.

Flexion and extension of the right toes seem to be better preserved than any other movements. The muscles of the thigh, Iliacus, psoas, quadriceps, abductor, sartorius and glutei are partially paralyzed, as are also the gastrocnemius and soleus, while the anterior and posterior tibials and the peroneal group are almost completely so.

The movements of the right upper extremity are not impaired. Fibrillary tremors, however, are found here and also in the leg.

Reflexes in the right lower extremity are increased, but no change is found in those of the trunk upper extremity or opposite side. Foot clonus on the right side is marked and persistent. To electrical currents the muscles of the right side respond, but not so vigorously as those of the left.

Thermo-anæsthesia is noted from the fourth rib, on the right side, down the trunk and left leg, irregularly across the right shoulder and down the arm of that side. In certain localities, above the right nipple and just above the right groin, the loss of temperature sense is less marked.

The condition of the back is similar to the front.

The ability to differentiate between the sharp and

dull points of the compass is almost entirely lost over the areas of thermo-anæsthesia, and the loss seems to be more marked in those points where the thermo-anæsthesia is most decided.

Tactile sensibility is somewhat impaired, but by no means lost.

Trephining for Epilepsy.—Barber (*Brooklyn Med. Journal*, October, 1893).

Dr. Barber, after giving the results of treatment in four cases, concludes as follows:

First—I believe the results obtained where no tumor, thickening of cerebral coverings, cicatrices or cysts are found or depressed bone removed are due simply to the lessening of pressure upon the brain.

As the attacks have returned in all the cases which have come under my observation, I firmly believe the cause for the failures is that the brain rapidly loses the effect of the lessened pressure and is once again in the same condition as before the operation.

Second—In many cases where the results are contrary to all reasoning, I consider the failures due to the too much manipulation by the operator, disturbing or irritating the cerebral matter.

Third—Where the cause of the epilepsy is due to an injury the trephining should be done as soon as the diagnosis of epilepsy is made.

Fourth—One fact which is peculiarly striking in the cases reported, is that they were all operated upon at or about the same time—when trephining for epilepsy was the fad.

Whenever an epileptic gives a history of a neurotic inheritance, I do not think trephining is to be considered of any avail, even though the exciting cause be a traumatism.

J. C.