Sent for two days after, I found him suffering from symptoms of uræmia—headache, stupor, but as yet no convulsions or coma. Before, however, the remedies I prescribed could be obtained and used, uræmic convulsions and coma developed.

Sent for again, I found his condition most dangerous, and gaining the consent of his friends, removed about 8 ounces of blood from the arm. The convulsions after this diminished in intensity, and three hours later entirely ceased. Next day his breathing being still stertorous, and he being still comatose, and seeing that he was a full-blooded man with a pulse still strong, I allowed 8 ounces more blood to escape. The improvement in the character of the breathing was immediate. The following day sensibility had returned, and recovery has been uninterrupted, indeed rapid, the usual remedies being, of course, also used.

I feel convinced that the improvement following phlebotomy in this case was not a mere coincidence, and believing that the old-fashioned remedy saved the man's life, I shall act similarly for the future.

Campbeltown. T. HARVEY THOMSON, M.D., C.M., D.P.H.

REPORTS
ON
MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

HEREFORD GENERAL INFIRMARY.

A CASE OF PARTIAL RUPTURE OF THE SPINAL CORD WITHOUT FRACTURE OF THE SPINE.

(By A. M. WATTS, M.R.C.S., House-Surgeon.)

History.—J. L., while driving on January 2nd last fell out of his cart. He was partly under the influence of drink at the time, but picked himself up and walked as far as his residence, a distance of a mile, put his horse away, and then sat down in a chair by the fire. Some time afterwards (three hours from the time of the accident) he noticed that he had no power in his right hand, then that his left was paralysed, and then that he could not move his legs; the paralysis came on so rapidly that it seemed to affect all his limbs almost simultaneously. On arriving home his neck felt a little stiff, but he had no pain in it. He had always been a healthy man, and was not in the habit of drinking to excess.

Condition on Admission (January 4th.)—The patient is a man aged 65; he lies in bed on his back, respiration entirely diaphragmatic. He answers questions rationally, and has no cerebral symptoms; movement of his neck causes pain; there is no bruising of the skin, and no irregularity of the spinous processes; when the patient is lying still he has no pain in his neck, nor in the course of the nerves. He can raise his arms from his sides to a horizontal position, and he can move them inwards across his chest; he can flex but cannot extend his forearms; he has no movements of hands or fingers. Knee-jerks and plantar reflexes absent; loss of all sensation of trunk and lower limbs below the level of the third costal cartilage; no hyperæsthesia above that level. Also loss of sensation on the anterior and posterior surfaces of the forearms on the inner halves, on the whole of the dorsum of the hands, on the inner part of the palms, and on the palmar aspects of the little fingers. He has retention of urine and constipation. Chest normal; pulse, 56, full and regular; temperature subnormal; the urine acid, specific gravity 1025, trace of albumen.

Progress.—No alteration in the amount of paralysis or anæsthesia was noticed, and the patient's mind remained clear until his death, which was due to œdema of the lungs, and took place twelve days after the accident. The reflexes remained absent and the pulse slow.

Diagnosis.—From the absence of any signs of fracture of the spine, and also from the absence of pain in the course of the nerves and hyperæsthesia, the injury was thought to be probably limited to the spinal cord. As the patient had absolute loss of reflexes up to the time of his death, a total transverse lesion was diagnosed, the seat of it being between the origins of the sixth and seventh cervical nerves, as the musculo-cutaneous and external anterior thoracic nerves escaped, while the musculo-spirals and medians (with the exception of their cutaneous branches) and ulnars were paralysed. The circumflex nerves were not paralysed, although they come off with the musculo-spirals from the posterior cord of the brachial plexus, but their fibres seemed to be derived, and also the cutaneous fibres of the musculo-spirals and medians, from the sixth cervical nerves.

Treatment.—There was little to be done except to keep the patient's spinal column at rest, to prevent bedsores, and to relieve his retention of urine by the passage of a soft catheter.

Post-mortem Examination.—The spine was exposed by a vertical incision over the spinous processes. No irregularity nor signs of fracture could be detected, so the spinal canal was opened by removing the spinous processes and laminæ, but no hæmorrhage was found in it. The spinal dura mater was seen to be torn transversely across in its left half, so it was, together with the spinal cord, removed. On dividing the dura mater longitudinally on its posterior aspect the cord was exposed, and the left half found to be torn across in the line of the wound in the dura mater, which extended round to the middle line anteriorly. An antero-posterior longitudinal section was then made of the spinal cord; at the seat of the rupture and for a distance of half an inch above it the cord was found to be very soft in consistence and greyish in colour, the limits of the grey area above being distinctly defined by a somewhat irregular transverse line. This condition of the cord apparently existed through its whole transverse section. On comparing the cord with the bodies of the vertebræ on its removal, the rupture was seen to be exactly opposite the articulation between the sixth and seventh cervical vertebræ; a little movement could be obtained in this articulation, but the posterior common ligament was intact.

REMARKS.—As a rupture of the spinal cord is a somewhat uncommon accident, I think that it is worth while putting this case on record, especially as there was apparently no fracture of the spine; and although a little mobility between the sixth and seventh cervical vertebræ was found, the posterior common ligament was not ruptured. The case is also interesting for the following reasons: (1) After the accident the patient walked a mile, and the paralysis did not come on until three hours afterwards. (2) Because the paralysis on the one side of the body was exactly similar to that on the other. (3) Although there was absolute loss of reflexes, still the cord was not entirely divided.

My thanks are due to Mr. Thomason, under whose care the patient was admitted, for permission to publish the notes.

BEDFORD GENERAL INFIRMARY.

A CASE OF ALCOHOLIC PSEUDO-TABES.

(By S. J. Ross, M.B.Vict., House-Surgeon to the Hospital.)

THE patient, a man aged 45, while returning home one night, fell and cut his forehead. When I saw him half an hour afterwards he gave me the following history. When a youth, and up to the age of 30 years, he was greatly addicted to the abuse of alcohol. Fifteen years ago he was troubled with numbness and tingling in his fingers and toes, and was advised to give up alcohol. This advice was followed, but still the same symptoms persisted; and he noticed five years later that his gait was not at all certain, and people often remarked that he was drunk, when they saw him returning home in the dark. He was then troubled with severe "lightning pains" in his legs, and occasional vomiting. He had also a sensation of a band being tightly tied around his waist. Moreover, during the past twelve months he had been troubled with a hacking cough, and had had one rather severe attack of hæmoptysis.

The case appeared like one of locomotor ataxia. He had the girdle pain and the lightning pains in his legs. Absent knee-jerks, gastric crises, and characteristic gait; but on examining his eyes I found that they reacted normally to light and accommodation. So with this fact and the history I came to the conclusion that it must be a case of alcoholic pseudo-tabes. His lung symptoms were due to a cavity in the right apex, with consolidation of the left apex. Lately, I heard that the man died rather suddenly after an attack of hæmoptysis.