

# CASE OF PARAPLEGIA: SENSATION CHIEFLY AFFECTED: SOFTENING OF POSTERIOR COLUMNS OF SPINAL CORD.

By T. INMAN, M.D., Liverpool.

R. W. H., aged 34, a publican, of temperate habits, of medium height, and rather spare build, came under my care in the middle of August, with paraplegia. Sensation had almost entirely left the lower extremities; but he could, by looking at his legs, still walk with a staggering gait. The sensation was imperfect in the arms, and he could with difficulty hold a glass; it fell from his hand when he ceased to look at it. The left side was weaker than the right. The special senses were likewise affected. He had difficulty in adjusting his eyes to any object after suddenly moving his head; he had a strange smell constantly in his nostrils, and noise in the ears, and found that his meals had not their usual taste. He had no pain in the head, or any tenderness down the spinal column. His appetite was good, but he had had indigestion for years, and was troubled very much with flatulence. The bowels were torpid, and the bladder was only emptied by strong action of the abdominal muscles. He complained of rheumatic pains in the limbs, which came on as soon as he was warm in bed; and there was a sensation as if, when he moved his arms forward, they were held from behind. His intellect was unclouded, and his spirits very good. The disease had, I ascertained, been gradually coming on for nearly a year and a half, but had been increasing rapidly during the last four months. After a very minute inquiry, no cause could be assigned beyond sexual excesses with his wife and other women. He thought that for sixteen years he had indulged at least twice a day on an average; he was often quiet for some time, a month or so, and then a new face would set him off, and for days and weeks, four, five, or six times was his usual daily performance. This had continued up to within six months. He had connexion occasionally now, but it was unaccompanied by any sensation. He was not without a family.

The treatment adopted for the next two months was strychnine, aperients, and iodine paint to the back. These did no good whatever. Steel, cod oil, quina, blister, and leeches, were tried in succession, and combined, without any success. Friction to the spine and body, galvanism, and warmth, were not attended with happier effect. Iodide of potassium and tincture of cantharides seemed to have some influence for good, though small: during their use, he fancied the steady progress of the complaint was suspended. Up to this period, the anæsthesia had been creeping gradually upwards from the groins to the lower ribs at the rate of an inch a fortnight, and the arms had gradually lost power as well as sensation. On one occasion, about a month after I first saw him, he had been thrown out of a low gig, and was much shaken; that evening and the next morning he was unusually well, having more sensation in the legs, greater power of motion, and less flatulence. A second accident occurred a day after, but was attended with no further result.

Another physician was now called in consultation, and recommended the use of the bichloride of mercury, a medicine which Mr. H. had previously taken and given up, as he thought it made him low. A twelfth of a grain was taken three times a day. At first, there seemed to be a slight improvement; but at the end of four days intense griping came on, attended with horribly spasmodic pains in the bladder, which were fearfully augmented by the passing of a catheter. At this time, he perspired very freely; and over and over again it was noticed that the left side was covered sooner and perspired more profusely than the right. I saw this myself on one occasion; the left side of the face being quite moist while the right was dry. The same was noticed in the arms, which were often wiped dry. It was not so much seen in the legs and body, as they were generally covered up. The medicine was, of course, suspended, and opiates used freely by the mouth,

the skin, and the rectum. The relief they gave was small; but the rheumatic pains left the limbs, the griping ceased, and the pain, which was pulsating or twitching, was confined to the bladder; the urine at first was of a mahogany colour, and was on one occasion bloody, and subsequently contained pus. The blood first appeared after the passing of the catheter. At every spasm the urine was projected a distance of about two feet; every evacuation of the bladder was attended with excruciating pain. Leeches to the perinæum and pubes gave no relief. The opiates were increased in quantity. A drachm of powdered opium infused in half a pint of boiling water and cooled, gave great relief for about three hours, and he had a troubled sleep: these were subsequently repeated about six or seven times, at intervals of twelve or twenty-four hours, and were accompanied by one-third, and subsequently two-thirds of a grain of muriate of morphia, taken by the mouth. A liberal allowance of egg, wine, jelly, beef-tea, etc., was constantly kept up.

October 27th. He was much better, and looked unusually well; he was in capital spirits, for he could feel his feet better than he had done for months, could easily throw one leg over another, sit upright without help, and turn round in bed easily; he could also stand unsupported. The pain in the bladder was diminished; the bowels had been comfortably opened; the tongue was moist and clean, as usual; and the appetite and digestion unaffected by the opiates, and rather better than common. The last opiate had been taken at 6 A.M. We saw him at noon. At 4 P.M., he was suddenly seized with general convulsions, which were especially painful in the abdominal and dorsal muscles, and the pain in the bladder returned, and the pulse became intermittent occasionally. Nothing seemed to do him good. The twitching continued uninterruptedly in the arms, legs, and trunk. No strychnine had been given for six weeks.

October 29th. In the night he had another opiate injection as before; a whole grain of morphia by the mouth, and five grains of extract of belladonna were added to the enema. This threw him into a state of repose and imperfect sleep, but the twitching continued.

October 30th. He was still under the influence of the narcotic. The pupils were dilated, and he was only partially sensible; the hands were directed frequently to the throat, but he could swallow well. At four in the afternoon, he was again sensible; the pulse was firm, 120; skin hot and moist; and the influence of the narcotic had gone away; the twitching was, however, unabated. In another hour, a second attack of general convulsions came on, and continued during two hours; they then ceased, and he died in about twenty minutes afterwards.

EXAMINATION OF THE BODY twenty hours after death. The bladder was severely inflamed, thickened, covered internally with false membrane, and studded with vascular points and spots of effused blood. The brain was healthy; a small serous cyst, like those so common in the choroid plexus, was on the upper surface of the pineal gland. The spinal sheath contained a considerable quantity of serum in the lumbar region, about six drachms in all. The cord itself was softened posteriorly from about the level of the sixth dorsal vertebra downwards; the anterior columns were slightly implicated, but the posterior were almost diffuent; the anterior columns just above the cauda equina were very firm. Above the sixth vertebra the cord was somewhat softer than usual, though not to such a marked degree as below. As we were bound not to take any part away, I was unable to make any microscopic observations of the softened portion.

REMARKS. As this case speaks for itself, I need not point out the chief sources of interest it gives rise to. I may, however, add a few words on the expression "sexual excess", which we so often meet with in books. What is to be considered *excess*? Since the foregoing case came under my notice, I have taken some pains to ascertain whether twice a day for a continuance can be considered as such; and I have met with two instances in which (with short

periods of rest, as at the catamenial and "lying in" periods) intercourse has been had every night and morning for thirty years, without any bad effect being known, and several others for a shorter duration. It is clear, therefore, that the term must be considered as a comparative one, varying in its value in every case. The patient so clearly traced his illness to this cause, that before he took medical advice, he had made arrangements for escaping from all his lady friends.

## A CASE OF VIOLENT CONVULSIONS IN A CHILD.

By PYE H. CHAVASSE, ESQ., F.R.C.S., formerly President of Queen's College Medico-Chirurgical Society, Birmingham.

[Read before the Society, October 21st, 1856.]

I WAS sent for on Sunday evening, September 21st, 1856, to Miss J., aged 11, a girl of nervous temperament. It appears that she had not been well for several weeks; she had been dull and heavy, evidently from a disordered stomach; and the mother had not been mending matters, for she had been physicking her with one hand, and stuffing her with the other: my little patient was, in point of fact, a thoroughly spoiled child.

On the Sunday in question, she had been eating heartily at dinner of chicken, beef, potatoes, and kidney-beans, and drinking plentifully of beer. Soon after dinner, she became very lethargic. At about six o'clock in the evening, her mother spoke to her, but she received no reply. Strange to say, although a most affectionate mother, she was not alarmed until about half-past seven o'clock, at which time she sent for me. I still found the child lethargic, perfectly insensible; the pupils were dilated; the bowels very hard and distended; but at that time there were no convulsions. I prognosticated that, in a short time, there would be most violent convulsions. I have always noticed that, when an attack commences as above described, the convulsions are always more intense and of longer duration than when they show themselves at once, and without any previous warning.

**TREATMENT.** The grand indication was to clear her well out, and that quickly, both upwards by emetics, and downwards by clysters. I therefore ordered a teaspoonful of ipecacuanha wine to be given every five minutes, until free vomiting was excited; and a strong saline clyster to be administered every quarter of an hour, until the bowels had been well opened. I ordered the child to be put into a warm bath, and cold water to be freely dashed upon the head and face.

Anticipating a severe case, I promised to see the patient again in an hour, and prepared the family to expect violent convulsions.

At the end of the hour, I was with her again. I had taken my own enema apparatus with me, knowing full well that I should have to make good use of it. My patient was no better; indeed, she was much worse: convulsions had commenced in earnest. The ipecacuanha wine had not produced vomiting. The enemata had acted but slightly; in the fecal matter, there were lumps of undigested potato. The child was in a warm bath when I arrived. I dashed the face and head plentifully with cold water, but not the slightest effect did it have upon her. I ordered her to be taken out of the bath, and then commenced operations. Finding that the ipecacuanha wine had no effect, I gave her, by spoonfuls, a strong emetic of mustard and water. Still no vomiting occurred. I then tickled the fauces with feathers; and, after repeated attempts at making her sick, at length succeeded in causing the dislodgement from her stomach of several lumps of undigested potato. Convulsions still continuing unabated, I now directed my attention to the bowels, repeating clyster after clyster in rapid succession; first giving strong solutions of sulphate of magnesia, then a very strong

salt and gruel enema, then merely distending the bowels with warm water. I must have given, with great care, more than twenty enemata, the fluid amounting to upwards of a gallon and a half, without producing the slightest effect. Still I did not despair, and I went on, knowing full well that a free evacuation from the bowels was my only chance of saving the child. My perseverance was rewarded, and at length the fluid of the clyster poured away like a mountain-torrent, bringing with it the most offensive copious fecal discharge I ever recollect witnessing from a child's bowels. Instantly she was relieved; the convulsions ceased; but still she could not speak, nor was she yet conscious. I now pronounced her to be safe, and directed the following mixture to be sent for immediately.

Powdered extract of liquorice, two drachms; sulphate of magnesia, one ounce; essence of senna, one ounce; simple syrup, one ounce; water, five ounces.

To make a mixture: two tablespoonfuls to be taken every two hours, until the bowels are freely opened.

At three o'clock in the morning she spoke. At ten o'clock, I saw her. I found her much better; she was quite sensible, and answered rationally all the questions I put to her. She was more cheerful than she had been for weeks. The bowels had been freely moved; the motions were still offensive, containing lumps of potatoes. I ordered the mixture to be repeated at longer intervals; desired that she might have nothing during the day but gruel, tea, milk and water, and her medicine.

The next day she was still better. The motions were copious, and much improved in appearance. I ordered the opening mixture to be given now but once a day—early every morning; and a liquor ammoniæ acetatis mixture to be taken three times a day. I advised a little weak mutton broth (free from fat) for dinner; dry toast and tea for breakfast and tea; and a little gruel for supper.

The next day, the patient was down stairs. She was ordered to continue the medicines, and to have for dinner a light batter-pudding.

I need not enter more fully into the treatment. Suffice it to say that in a week she was better than she had been for months. Of course I laid down strict rules of diet, and told the mother that if she disobeyed my instructions, and followed her old practices, that in all probability, in a short time, her child would have another attack, and that I would not then answer for the consequences.

**REMARKS.** This case (among many which I could bring forward) proves the immense importance of clysters, in the convulsions of children arising from disordered stomach and an accumulation of fecal matter in the bowels. It proves, moreover, the necessity of a medical man administering the enemata himself, and persevering in their use in the face of all difficulties, until they have had the desired effect.

It may be said that it is *infra dig.* for a medical man to perform the menial office of administering enemata. All I can say to such cavillers, is, that nothing is *infra dig.* where the life of a patient is at stake. In all probability, I should have lost my patient, if I had delegated the administration of the clysters to a nurse or servant. When I say that I was two hours working at the pump (almost without intermission), that I must have administered upwards of a gallon and a half of fluid, before my object was obtained, I ask, what nurse, mother, or servant, would be likely to persevere against such difficulties? They would have given it up in despair and in disgust.

Again, emetics should never be omitted in such cases. I have generally found ipecacuanha wine sufficient; but, in bad cases (like the one under review) I have always resorted to mustard emetics; and, if vomiting does not immediately ensue, to tickling the fauces with feathers.

I object to calomel, for various reasons. In the first place, it is too slow in its operation: the patient may sometimes be dead before it will act. Secondly, repeated doses of calomel are very depressing to the system (which is already dreadfully depressed). And, lastly, the patient is much longer in progressing towards recovery. I con-