FORCIBLE EXTENSION OF SPINE IN PARAPLEGIA. [Nov. 22, 1902.

The most important point of the case is how to deal satisfactorily with a man in his mental condition; at any time he may become dangerous to himself and those about him—his wife is afraid to leave him alone with his child in case he should be seized with one of his ungovernable fits of passion, and yet beyond this symptom of insanity—if so it can be called—there is nothing to warrant one in signing a lunacy certificate, and still further, little chance of it being signed by the examining magistrate after his interview with the man in his present state of mind. Knowing full well the history of this class of case one feels certain that the only safe and proper place for a patient of this kind is in the county asylum where the skilled observers may find him.

Other interesting points in the case are (1) the continuation of movements during sleep, (2) the power of voluntary efforts to control movement—this latter, no doubt, accounts for the former, (3) the commencement of the disease at the usual age when a child is around 5-6 years, but those of the arms were only slightly affected for a great deal of the deterioration which one sees both mentally and physically in many country districts.

Note.—Since writing the above, the man has attempted suicide and has been sent to the County Asylum.

A CASE OF FRIEDREICH'S ATAXIA.

By R. S. C. EDLESTON, M.R.C.S., L.R.C.P. Lond., Alasge, Stote-on-Trent.

It is by the kind permission of Mr. E. M. Wrench, F.R.C.S., of Baslow, that I am able to publish this case. My first note, made in November, 1897, is as follows:

E. A., female, aged 14, spare, but looking her age, complains of loss of balance in her hands and arms, and inability to sit or walk without support, falling down if she attempts to do so.

History of Present Condition.—Her mother first noticed awkwardness in walking when she was 7 years old, and says she used to carry her head poky forwards. Shortly afterwards she noticed her speech became drawing and indistinct. About three and a half years ago the patient had suffered from pains in the joints, but the doctor who attended her said it was very not treatable, but there is no doubt that the arms were only slightly affected before the patient had measles about three weeks ago, she could help her mother in the housework, "wash up," etc., but could not write or sew well. Since the attack of measles she could neither stand or walk so well, and had lost flesh.

Past History.—Father and mother alive and well. Two brothers aged 10 and 5, and two sisters aged 13 and 6 years respectively, quite healthy, and as far as could be ascertained there is no history of any nervous disease in any member of either parent's families. Both parents are steady, hard-working country folk.

Previous Illness.—With the exception of measles three weeks ago has enjoyed good health.

Present Condition (November, 1897).—The child has now quite recovered from measles, and has been up and about nearly a fortnight. In the sitting posture she remains quite still, with her head bent forwards. When spoken to her head sways from side to side as she looks up. She keeps her arms semi-flexed and her wrists flexed with fingers extended, and at present complains of pains in the joints when moved. (Examined later when pain was absent, flexion and extension could be performed, but when at rest the limbs resumed the above mentioned position.) Her pupils are somewhat dilated but equal, and react to light and accommodation; there is no nystagmus, neither can it be demonstrated by prolonged lateral deviation of the eyes. The tongue appears natural, and can be protruded straight. Her speech is slurred, like that of a patient suffering from painful tonsillitis. Her gymnery is good. Kneel-jerks and ankle-clonus are absent. When asked to stand up she separates her feet widely, and thrusts her head forwards. In walking she rolls from side to side, and the effort is accompanied by jerky movements of the head and shoulders and choreiform movements of the arms; she clutches at any near object for support, and walks on the outer edge of her feet. Romberg's symptom is present. Asked to pick up anything, her hand sways from side to side, the fingers are spread out and she is unable to grasp it. Lateral curvature of the spine and talipes equinus are well marked, and examination in bed discloses the striking deformity of the great toes so well illustrated in Pierre Marie's account of this disease published in the Sydenham Society's Transactions, namely, hyper-trophy of the great phalanges of the great toes. Skin reflexes and sensation are normal. No retinal changes were found on examining the eyes with the ophthalmoscope.

Remarks.—September 7th, 1902. The condition of the patient is decidedly worse than when the previous note was taken five years ago. Her expression is not markedly dull, and her mental faculties remain good, but she is now practically helpless; static ataxia is well marked, and the talipes has now reached the condition of pes cavus, and the deformity of the great toes is very pronounced. The hands are much less useful, knitting can only be performed with effort, and quickly tires the patient. Her chief solace is in reading. Her general health on the whole keeps good, but lately she has been troubled with attacks of gastric pain and flatulence. She remains fairly well nourished, considering the long partial disuse of her limbs. Sensation remains normal, and the eyes still show no signs of nystagmus or retinal changes. All the other family members are healthy.

Case of complete paraplegia successfully treated by forcible extension of the spine.*

By T. OUTTENWOOD, M.D., F.R.C.P., F.R.C.S., Surgeon, West End Hospital for Diseases of Nervous System.

D. M., aged 10 years, was admitted into the West End Hospital for Diseases of the Nervous System under the care of Dr. Outterson Wood on November 21st, 1900.

But the following case is that of a boy, the family of whom are indebted to Dr. J. H. F. Simson, the Medical Registrar to the hospital.

History.—Father and mother healthy. Six children in the family, of which five died of diphtheria and one of enteritis; other children healthy. Beyond the ordinary diseases of childhood the patient had been healthy until about two years before admission. In 1898 his mother stated that she noticed that there was something wrong with his back. The patient was treated as an out-patient at a hospital, and kept in a jacket for eighteen months and discharged cured. In the course of a few weeks (probably about six) the boy's legs "began to stiff," and he experienced a difficulty in moving about; this was first noticed in March, 1900, and in May there was complete paralysis of both lower limbs.

Stolen Admission.—The patient was found to be suffering from complete paralysis of both lower extremities, a condition which had lasted for about six months. The patient was a well-nourished and well-developed lad, mentally and physically. There was complete paralysis of both lower limbs associated with marked rigidity and a good deal of adductor spasm, but there was no paralysis of the knees or thighs. The knee-jerks were greatly exaggerated, and there was ankle and patellar clonus. The plantar reflex was increased and Babinski's sign was marked present.

Sensation.—From the umbilicus downwards there was greatly diminished perception of pain. It pricked pretty firmly with a pin he could feel it but did not cry out as if hurt. Tactile sensation was almost entirely lost. Cold was acutely perceived but always as heat; heat produced no sensation. There was complete abolition of superficial aetesthesia midway between the umbilicus and the ensiform cartilage. After the manner of Gowers the patient's sense of pain and sensation were normal, both as regards trunk and arms. Bladder and rectal functions were unaffected. Examination of the chest and spine showed no abnormal curvature in the region of the second, third, and fourth dorsal vertebrae, with a backward curve of the cervico-dorsal region as a whole. There was marked tenderness on percussion over the

* Read before the West London Division of the Metropolitan Branch of the British Medical Association.
PARALYSIS OF MUSCLES OF HAND AND FOREARM.

By WALTER BROADBENT, M.D., M.R.C.P.,
Assistant Physician to the Sussex County Hospital.

The following cases of paralysis of the muscles of the hand and forearm, which are at present under my care at the Sussex County Hospital, are sufficiently uncommon and interesting to be worthy of record.

CASE I.—A girl, aged 16, came to me six months ago with marked wasting of the thenar muscles and interossei of the hand. She was admitted to St. John's Hospital, and on my seeing her there, Dr. Outterton Wood and Dr. Sisson performed an operation of fusion, and inserted a strip of tendon from the flexor carpi ulnaris into the thenar muscles and interossei. The skin of the fingers was glossy, and there were bullae constantly recurring at the ends of all the fingers but not of the thumb. There was anaesthesia of the tips of the fingers, and there was sense of movement over the palm, except over the thenar eminence and the thumb. On the back the anaesthesia only extended over the little finger and half the ring finger, and the corresponding part of the back of the hand. The extensor muscles were not affected. The history given was that she had been warned that she had eaten a meal of sausages and mashed potatoes at a shop in Brighton; an hour later she noticed that both her hands were swollen; in the evening her legs and face also became swollen, and she had considerable pain in the arms and legs. Her sister was ill at all, and patient had no pain in the abdomen and no digestive disturbance. She was confined to her bed for two months; the swelling began to go down in a month, and disappeared last from the right hand, leaving it in its paralysed condition. The bullae on the fingers did not appear until a fortnight after she left her bed. This seems to have been an attack of acute multiple neuritis, which cleared up, leaving a prolonged neuritis in the median and ulnar nerves of the right arm. Whether the sausages were the cause or not is not claimed by the patient, nor by the patient, nor by the patient.

CASE II.—A man, aged 50, a painter by trade, came complaining of inability to extend the two middle fingers of the right hand and inability to raise the right arm above the

angulation projection, and pain was elicited in the same region on pressing the bony structures visible beneath the skin, and in the interval and at the base of the head and neck appear to be painless.

Proc. Med. Soc. Lond., October 15. For three months the patient was kept on his back, and passive extension was applied to the lower extremities by means of pulleys and weights, the shoulders being fixed: at the same time, he was changed daily on his back at the end of the third week. Cantileverly extended the spine under an anaesthetic, and applied a straight jacket to the body. All the time the patient was in bed, he was kept on his back, and in October he went to the convalescent home again, where he was allowed to be out of bed and lie in front of the fire, still being kept off his legs. He was re-admitted into the hospital on his return from the convalescent home on November 21.

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REMARKS BY DR. OUTTERTON WOOD.—This is the second case of forcible extension for paraplegia following angular curvature undertaken at the West-End Hospital, which has resulted in complete restoration of motor power. The first case of such an extension was treated under my care in June, 1857, in which there was absolute paraplegia, with unconscious action of bladder and rectum, the result of angular curvature in the upper dorsal region, but all signs of active disease have completely disappeared. He can now run and jump about, and play with other children. There is also complete recovery as regards tactile and thermal sensations, and pain is correctly appreciated. The knee-jerks are strong. Mr. Gowers—& are there any signs of adductor spasm. Babinski's sign cannot now be elicited, and sensation is normal.

REMARKS BY DR. MCGREGOR.—The patient, a girl of 15, was admitted to St. John's Hospital, and on my seeing her there, Dr. Outterton Wood and Dr. Sisson performed an operation of fusion, and inserted a strip of tendon from the flexor carpi ulnaris into the thenar muscles and interossei. The skin of the fingers was glossy, and there were bullae constantly recurring at the ends of all the fingers but not of the thumb. There was anaesthesia of the tips of the fingers, and there was sense of movement over the palm, except over the thenar eminence and the thumb. On the back the anaesthesia only extended over the little finger and half the ring finger, and the corresponding part of the back of the hand. The extensor muscles were not affected. The history given was that she had been warned that she had eaten a meal of sausages and mashed potatoes at a shop in Brighton; an hour later she noticed that both her hands were swollen; in the evening her legs and face also became swollen, and she had considerable pain in the arms and legs. Her sister was ill at all, and patient had no pain in the abdomen and no digestive disturbance. She was confined to her bed for two months; the swelling began to go down in a month, and disappeared last from the right hand, leaving it in its paralysed condition. The bullae on the fingers did not appear until a fortnight after she left her bed. This seems to have been an attack of acute multiple neuritis, which cleared up, leaving a prolonged neuritis in the median and ulnar nerves of the right arm. Whether the sausages were the cause or not is not claimed by the patient, nor by the patient, nor by the patient.

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