CLINICAL REMINISCENCES.

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I.

Case of Malacosteon, leading to Extreme Approximation of the Rami Ischii, and rendering labour (which superceded) "per vias naturales" impossible.—(Extract from Case-Book, August 5th, 1844.) Mrs. Wood, aged 38, married, and the mother of nine children, residing at Dam of Gilcomston, Aberdeen, applied to me in the autumn of 1843, on account of certain dyspeptic symptoms with which, she said, she had of late been troubled. Her general appearance at that time was sufficiently remarkable to attract attention. It was that of a person whose general health had been much broken by long previous illness. On inquiry, I learnt that she had had what she described as chronic rheumatism for a period of four or five years, during which time she had never at any time been altogether free of it. This affection she ascribed to an exposure to cold shortly after one of her confinements. Twelve years ago, she had an attack of acute rheumatism, from which she recovered perfectly. The pain or pains of that so-called chronic rheumatism affected various parts of the body, but chiefly the back and right shoulder. Within the last two or three years, both sides of the chest had undergone a marked change of form. She had a spare sallow countenance; had lost much of her flesh and strength, but was able to move about and discharge her household duties. She had borne a family of nine children, the last about six months before I first saw her. On this occasion, as on all previous occasions, her labour was easy and quick. She was now nursing her youngest child. For the rheumatic affection, she had tried a great variety of remedies; but, none of them having done her any good, she had for a long time given up using anything. And, as she did not now consult me for it, my advice to her was confined to recommending her to give up nursing (which she did), and to prescribing for her dyspeptic symptoms, which ceased to trouble her in the course of a week or ten days.

After this, I did not see her again (save casually once or twice) till the beginning of the following year (1844), when I was sent for to see her infant child, and which I had occasion to attend for six or eight weeks. During her child's illness, she had herself an attack of bronchitis. This, with the attendance on her child, added to the shock given her by the drowning of a boy in a sheet of water hard by her own house in the month of December previous, and the excitement attendant on a prolonged attempt in her house to effect the boy's recovery, weakened her exceedingly. On the removal of the bronchitis, and the recovery of her child, she went to the country, from which after a time she returned a good deal improved.

She continued much in her usual (infirm) state of health till the beginning of May, when she was again seized with bronchitis. This attack was much more severe than the former one, and lasted about six weeks. It was attended throughout by sleeplessness, and, when the weather was at all warm, by profuse perspirations; and both these continued till the time of her death. After the bronchial affection had subsided, she had occasional attacks of very severe pain, sometimes in one, sometimes in another part of her chest and back. These in general lasted only for a few hours, and yielded readily to fomentations and opiates.

About this time (May 1844), she informed me that her right collar-bone had gone out of joint some weeks before. On examination, this was found to be the case, the dislocation being at the scapular end of the clavicle. The shoulder had since become much more prominent, and she had but little use of the arm.

When I first saw her on this occasion (May), she informed me that she was again in the family way, and expected her confinement about the end of June. She had her menses last in the first week of October. She had engaged a midwife to attend her, but intimated a wish (suggested by her weak state of health) that I should be in attendance also, if required.

Her last attack of illness had reduced her to a state of great weakness, and she was apprehensive that either she would not live to be confined, or have strength for it should she do so. She continued, however, much as she had been for many weeks till within the last few days of her life, when her breathing became quick and oppressed, and

her pulse habitually accelerated. The day before she died, she stated that she had not felt the movements of the fetus for twenty-four hours. In the evening of this day, her pulse and breathing became still worse: she was restless and anxious, and apprehensive of the worst. Next morning, she was still worse, and began to sink as the day advanced. When seen by me in the afternoon and evening, she was seemingly moribund. At 10 P.M., while sitting up out of bed, she had a well marked labour-pain, the waters came off, and she died about half an hour afterwards.

No examination *per vaginam* was made till about a fortnight before she died. The examination then made was, from her posture, an imperfect one, and only a single finger was introduced. Nothing preternatural, however, was detected in the state of the parts; and this, taken along with the circumstance of her having had an easy delivery eighteen months previously, removed all apprehension as to the condition of the pelvis.

During the last three months of her life, though very weak and her belly large, she was unable to assume the recumbent posture, even in bed, for any length of time. This was owing to the state of her breathing, and not less to the pain she felt in the back on assuming that posture. Her posture, as well in bed as out of it, was mostly the sitting, with an inclination to the left side. No doubt this posture, habitually maintained for so long a time, with the weight of the gravid uterus, contributed materially in her weak state of health, or rather, in the special constitutional state in which she then was, to bring about what was afterwards ascertained to have been then in progress; viz., the approximation of the tuberosities and of the *rami ischii*.

The morning of the day she died, she was seen along with me by my colleague the late Dr. Dyce, then lecturer, afterwards professor of midwifery in the University of Aberdeen. Her utter prostration was such as to make me exceedingly anxious about her. I was now coming to realise her own often expressed idea, that, should she reach her time, she would not be equal to the occasion.

In the circumstances, it seemed to Dr. Dyce desirable that labour should be artificially induced. With that view, he made an examination *per vaginam*. By reason, however, of the approximation of the tuberosities and rami of the *osssa ischii et pubes*, he failed to reach the orifice of the womb. In fact, it was all he could do, and this after firm boring pressure, to get his finger a little way into the vagina. We left together, to consider what should be done; but neither of us could see his way. As already stated, when seen by me in the afternoon and evening of that day, she was to all appearance moribund, and she died that night at 10.30.

On examination of the body after death (Dr. Dyce superintending), the uterus and its appendages were found healthy. The fetus, a well formed female, seemed to have reached the full term. The general aspect of the pelvis was pretty much that of the "obliquely distorted pelvis" figured in Dr. Rigby's *System of Midwifery* (*Library of Medicine*), page 189, without, however, the elongation in the antero-posterior direction there shown, and with a singularly marked approximation of the tuberosities of the ischium, narrowing the space between the rami of the pubes and ischium. This approximation was such and so great as to admit the passage of only a single finger into the vagina. It was impossible to get three fingers in line any distance into the vagina. The linea ileo-pectinea was somewhat irregular; there were slightly projecting points of bone at the part of the line opposite the acetabula, and this did not correspond with the line of the promontory of the sacrum, the latter, on the right side, being situate lower down. The promontory, however, did not appear to be thrown forwards. The condition of the tuberosities and rami somewhat resembled that represented in a figure given at page 187 of Dr. Rigby's book, already referred to.

My impression, however, as to this, is now (March 1875), that the rami were more straight, and the approximation much greater than is there figured. Altogether, the virtual obliteration of the passage by the pubes was singular and very striking. Year by year, Dr. Dyce referred to this case in his lectures as the most extreme case of narrowing in that direction he had ever met with or had seen recorded. Delivery *per vias naturales*, even with instruments of any kind, was, it was clear, absolutely impossible. Had the patient lived, it could only have been effected by the Cæsarean section.

I need not obtrude on the readers of this JOURNAL any reflections on the case now recorded. I regret that I was not sufficiently alive to what was going on secretly "in the hidden parts", and that I did not consult Dr. Dyce sooner. The dislocation of her collar-bone, and other circumstances, might or should have awakened my suspicions, but they did not; while the facts, that she had so long been the subject of "chronic rheumatism", and yet during it had borne children easily, and the last only a year and a half before; and further that, but a

fortnight before her death, the vaginal examination revealed nothing amiss, misled me. It was, indeed, a very cursory examination. Her posture, however, and her whole general condition, precluded its being made thoroughly. It would have added to her distress and suffering. Yet one cannot well doubt that, at that stage, a proper examination would have revealed something very far amiss. I ground nothing in extenuation of any fault attaching to me in respect of the management of this case, that I was not the poor woman's engaged accoucheur; I was her medical attendant, and, as such, responsible for everything in relation to that affair. But time ran on; things went on, and they ended disastrously for my patient, without, I would fain hope, any blame (all things considered) being fairly chargeable upon me. It is easy to be wise after the fact; yet what should have been done? And when or at what stage?

I regret that the particulars above recorded, as to the actual condition of the pelvis, should not be more precise. For many years, they were familiar to me, and I thought they could never pass from my recollection. But, after thirty years, I cannot recall them more precisely. What, however, I have given of the case is from notes taken at the time and now rigidly transcribed. Nor would these now see the light but for an eminent professor of midwifery, to whom they have been submitted, and who assures me that, "fragmentary" as they are, they "should not be lost", the case, as it stands, being "a most striking one".

REPORT OF A CASE OF APHASIA.*

By a Committee of the Glasgow Pathological and Clinical Society (W. T. GAIRDNER, M.D.; ALEX. ROBERTSON, M.D.; and J. COATS, M.D.).

CLINICAL NOTES BY DR. GAIRDNER.—Mrs. Williamson was first admitted to the Glasgow Royal Infirmary on October 10th, 1868, suffering from a well-marked hemiplegic and aphasic attack, in which the loss of language was so complete, that absolutely no information whatever could be obtained as to her sensations and the degree of her intelligence. The expression of her face showed that there was neither coma nor lethargy, but the only sounds she uttered for some time after admission, were, "Oh, dear!" with much moaning, and a sound like "buy", which she repeated over and over in a purely mechanical way, without the least apparent significance. The right side was almost completely paralysed, and she could not, or would not, protrude the tongue. The pupils were normal. The bowels were costive. She had a pretty severe cough, with mucous *râles* on the right side of the chest. When evacuations took place, they were made into the bed.

On October 13th, the state was nearly the same; but the formula of utterance was a constant repetition of, "I bud—bud—bud", whenever she was spoken to, or wished from any cause to give notice of anything. At times, she insisted on this formula with great vehemence and many repetitions; at other times, it was "I", or "Oh", alone, and sometimes she was quite inarticulate.

It was observed at this date that, while no merely verbal request to put out the tongue appeared to be understood if unaided by visible signs, it was always possible to obtain a response to these latter; and this continued long to be the case, although afterwards, in this as in other respects, there was a distinct improvement.

A synopsis of the whole observations, written about a month after this (November 13th), gives a tolerably complete view of the state of the patient during the earlier period of the case.

"1. There is, on the whole, a marked and gradual improvement in the state of apparent intelligence.

"2. To judge from the eye and gestures, this woman is quite the reverse of stupid or apathetic. She is rather quick and eager to communicate, and had several times been moved to tears by her inability to do so.

"3. In remarkable contrast with the above, she has never, at any time, articulated a continuous sentence, or been able to convey effectually her wants, although her most immediate friends and neighbours have visited her with the object of eliciting them. She has on no occasion given notice of any of her discharges, and has passed everything in bed.

"4. Her vocabulary since last report was, for a long time, limited to the words, 'Doctor, doctor', or 'it's doctor', or 'you're doctor, doctor'; and these words she repeated with gestures and looks which seemed to imply that she wished them to convey a great deal more. Frequently, the incongruity of this attempt and of the result would strike her, and she would break into a laugh. At other times, the

emotion would be of a different kind, and she would alternate these with 'Dash it!' while, on other occasions, she has muttered bits of phrases, words with 'Oh! oh! oh!' evidently a sign of disappointment and vexation.

"5. It cannot be distinctly affirmed that she has clearly understood anything spoken to her, except in so far as the general sense may have been apparent to her through surrounding circumstances and gestures. . . . It has always been nearly impossible to get her to protrude her tongue . . . except by sitting opposite to her and making very pointed signs repeatedly, and with great emphasis . . . the tongue being in this case protruded as far as the teeth, but in no instance further.

"6. On the other hand, in any words that have fallen from her, there has not been the least trace of the special forms of indistinct utterance that usually go along with paralysis of the tongue. . . . She has, on one occasion, said quite distinctly, "Doctor, has no seen me to-day"; on another, has been surprised into the exclamation, not intelligible, but sufficient to demonstrate increasing power over the parts of speech."

After this, the gradual education (for such it was, though very slow and unsatisfactory) of her verbal faculty proved a constant source of interest; and, on many occasions, Dr. Gairdner and others sat at her bedside for a considerable time testing her power both of apprehending and pronouncing names. Her own name came first into notice, and, by persistently repeating to her successively, *e.g.*, "Robertson, Jacobson, Jamieson, Richardson, Williamson, etc.", she was gradually brought first to recognise by signs, by simple "No", and "Yes"; and then, after a while, to pronounce her own surname, though she always required the leading above-mentioned in order to do so. She also (but whether in answer to suggestions or not, is a little uncertain) gave her age as "sixty—under—two"; whether this meant fifty-eight or not remained undisclosed. Some time afterwards, she got hold somehow of the name of "Dr. Gairdner", and she soon adopted it as one of her formulæ, which she retained, alternating with others, to the very close of her stay in the Royal Infirmary. One of these others was curious, and she seemed to come upon it suddenly, no one knew exactly how. In the midst of her usual scraps of words and phrases, she often interpolated, "God, ay, God up a stair"; and whether in this there was any obscure consciousness of heaven or of anything above her, it was impossible to discover; for, at times, she seemed to alternate this expression quite mechanically with others of no significance. The paralytic condition improved somewhat, and she was able to sit up for some time before her removal to the Town's Hospital. She was able also, for the most part, to control her sphincters better, and she became more voluble in the use of some of her phrases, but not in any essential degree more spontaneous or intelligent in the use of language.

CLINICAL NOTES, IN CONTINUATION, BY DR. ALEXANDER ROBERTSON.—This patient died on December 26th, 1874, being then sixty-seven years old. She was admitted into the Town's Hospital on June 21st, 1869, having been discharged on that day from the Royal Infirmary, where she had been under Dr. Gairdner's care for a considerable time. She was constantly resident in the Town's Hospital from the time of her admission till her death.

Mental Condition.—During the whole time she was under my observation, there was no appreciable difference in the state of her mind. In the *Glasgow Medical Journal* for January 1871, I have published a note of her case in a paper on Aphasia, and the remarks there made regarding her speech and the condition of her mental faculties generally are fairly applicable to her during any period of her residence. I shall, therefore, simply quote them.

"I have a case under my care at present which fully illustrates the latter statement (regarding amnesia, *i.e.*, amnesic aphasia). The patient is an elderly woman, who has been amnesic for some years. Her stock of language at present amounts to 'Say a grace', and 'Doctor up the stair in our house', either of which she utters, apparently indifferently, in reply to any question that may be put to her. Upwards of a year ago, when she was first admitted into this institution, she was wont to ejaculate 'Dr. Gairdner' in the same meaningless way. I concluded that this gentleman's name occurred to her by an impression having been produced on her feeble memory (or, if we accept Dr. Bastian's theory, on her damaged 'auditory perceptive centre') through its frequent repetition in her hearing while under his care in the Royal Infirmary of this city. Although she seems to understand what is said to her, her intelligence is in reality extremely defective, as, when I ask her to take off her cap, give me a pin, or make any other simple request, she usually looks puzzled, and fails to comply with my wish. Yet this woman can pronounce all ordinary words, and even short sentences, with great readiness, directly after she hears them, though she commonly blunders the articulation of the

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