A CASE OF HYSTERICAL MONOPLÉGIA FOLLOWING ELECTRIC SHOCK.*

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A CARPENTER, aged 21, was screwing on an electric-light bulb when an explosion occurred, apparently owing to short-circuiting of the current, and he was flung back across the workshop. The glass globe burst and cut the palm of his hand, which, however, did not bleed. He states that the skin of the hand became curiously dry, and that the fingers and thumb remained stiffly contracted in the posture of grasping the glass bulb. He did not become unconscious. In the course of a week or so this posture of the hand gradually changed, and the fingers, wrist, and elbow became rigidly flexed and immobile. At first there was no loss of sensation. Jerkings then supervened in the paralysed limb. Seven weeks after the accident the contracted limb was straightened under an anaesthetic, and was put up in splints and plaster-of-Paris. The jerkings ceased, but the fingers gradually became flexed again, in spite of the splints. A second anaesthetic was given and the limb was manipulated, after which it became flaccid at all joints, with loss of sensation as high as the elbow, observed by the patient himself. This loss of sensation subsequently advanced as high as the shoulder.

Eight months after the accident the patient had two attacks of "electric" jerkings of all his limbs, except the left arm, with alleged unconsciousness, lasting three or four hours; this was followed by difficulty in walking, lasting about two weeks, during which he shuffled and required the support of a stick.

On physical examination about ten months after the accident he was seen to be a tall muscular young man, in whom the left upper limb dangled helpless and flail-like by his side. There was a total cutaneous anaesthesia and analgesia of the limb, up to the level of the shoulder-joint, bounded by a sharp "amputation-line." Joint-sense was lost in all the joints of the left upper limb. There was no voluntary movement in any muscle of the fingers, wrist, elbow, or shoulder, nor in the trapezius or scapular muscles. The left pectoral occasionally contracted synergically with the right. The sterno-mastoids contracted normally and equally. The latissimus dorsi, although totally paralysed to voluntary movement, contracted briskly on coughing. Pins could be passed through the anaesthetic skin without producing bleeding. All the muscles of the affected limb reacted normally, both to faradism and galvanism. The supinator-jerks, knee jerks, and ankle-jerks were normal and equal. The optic discs, pupils, and cranial nerves were normal. Apart from the left upper limb, the sensory and motor functions were everywhere normal. During sleep the limb remained flaccid, and the patient was not awakened by stimuli applied to it.

The case is a typical example of hysterical paralysis in which the exciting psychological trauma was an electric shock. There is no evidence of a sexual element in the case, although a Freudian may urge that psycho-analysis has not yet been tried. Another point of interest is that the anaesthesia was not suggested by the various physicians whom the patient consulted, but was observed by the patient himself. Since admission to hospital a month ago, he has been treated by suggestion, but without result, so far. Hypnotism has not yet been tried.

* Read before the Section of Neurology of the Royal Society of Medicine.

THE honour of Senator of the Kingdom of Italy has been conferred on Professors Ettore Marchiafava, director of the Anatomical Institute of the University of Rome; Carlo Forlanini, head of the medical clinic of the University of Pavia; and Carlo Gatti, a distinguished surgeon of Turin.

AN institute of hydrology has been attached to the Collège de France. It comprises four laboratories—namely, Physics, of which the director is Professor d'Arsonval; hygiene, of which M. Bordas is the head; analytical chemistry, under the direction of M. Urbain, and physical chemistry, under the direction of M. Monreux.

A CASE OF GASTRIC TETANY: RECOVERY.

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THE article on gastric tetany in the adult by Dr. W. K. Irwin, in the JOURNAL of November 8th, has induced me to publish a hitherto unreported case of recovery from this interesting and very fatal disease.

Mrs. M., aged 51, suffered from stomach trouble for eight or ten years before this attack, her symptoms being loss of appetite, irregular vomiting, pain, and constipation; and I learnt that she had a severe attack of haematemesis two years previously.

On March 11th, 1905, about midnight, she experienced tingling (pins and needles) in the hands and arms, the feet and legs, and in the face; after that the characteristic spasms of tetany came on in the same parts. I saw her on the morning of March 12th, when tetany was well marked: the pulse was very feeble, there was profound collapse, and she exhibited the utmost terror. The stomach was greatly dilated, in fact, it filled the whole abdominal cavity, and was full of liquid—splashing could be heard at a distance from the bedside. I gave her a hypodermic of morphine $\frac{1}{4}$ grain, pilocarpine $\frac{1}{4}$ grain immediately, and within half an hour she was much better and easier. I ordered a mixture of cascara, concentrated solution of senna, and tincture of jalap every three hours until the bowels were freely moved. I forbade anything to be given by the mouth, either liquid or solid, until the bowels had acted well, and the liquid had left her stomach; after that I ordered meat juice alone.

She did well, and on March 18th was up and downstairs. On March 20th she had not vomited since her attack; but the skin on the forehead and chest and over the flexor aspect of the elbows was copper or deep golden colour (the sclerotics were quite clear). The discoloration of skin extended and persisted for about fourteen months. The stomach remained greatly dilated, and I formed the opinion that the only cure for her was gastro-enterostomy. I urged operation very strongly, and pointed out to her all the advantages of surgical interference; but she refused, and said she would not be able to stand any operation.

At this time she was a perfect skeleton, owing to starvation and malnutrition, with copper-coloured skin, and with the most ghastly appearance imaginable. However, she improved on treatment; her diet consisted of meat juice and a poached egg; anything else caused vomiting.

She went through a period of great suffering until the following year, 1906, when she became amenable to operation, and gastro-jejunostomy was performed, and after that pylorotomy on account of a mass around the pylorus, which proved to be inflammatory and not malignant. After the operation she improved every day, gained in weight and strength, partook of all kinds of food without distress or discomfort, and lost the discoloration of the skin, and was able to attend to all her household duties, which were very laborious. She passed through a severe attack of pneumonia in February, 1912, and is now better and stronger than she has been during the past twenty or twenty-five years.

The treatment of tetany, in my opinion, is—first, to cure spasms and so relieve pain, collapse, and fear; secondly, to empty the stomach. For the former one hypodermic of morphine and pilocarpine proved most successful, and for the latter I relied on a mixture of purgatives, with absolute rest to the stomach.

The plan of passing a tube for the relief of a markedly dilated and overloaded stomach I consider a critical procedure, when we take into account the profound collapse and abject terror of the patient; but the treatment of pouring pint after pint of mustard and water, or any other liquid into a stomach under these conditions with the hope that this overdistended, weak, and poisoned viscus will empty itself by such means, to me appears sheer madness, for it only increases the trouble, adds fuel to the fire, and kills the patient.

A CASE OF THE SO-CALLED RAT-BITE DISEASE.

BY
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AND
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FEW cases have been recorded in Britain of the condition known as rat-bite disease, and only 49 cases in Japan in the last thirteen years. If it is possible, as the following would seem to suggest, for the quite definite condition going by that name to be acquired apart from any actual bite by a rat, it seems to us that it might be more advisable even to call the condition by its somewhat barbarously-sounding Japanese name of

Sokodu, rather than to apply to it a name carrying a suggestion as to etiology which is not necessarily correct. Not only so, but the name "rat-bite disease" is not sufficiently exclusive; even the synonym "rat-bite fever" would be preferable so far as that goes. Other diseases can be conveyed by rat-bites, notably the septic conditions, and the tuberculides. Last year (1912) one of us had under treatment a boy who had an ulcerating cutaneous tuberculosis on the back of one of the fingers of his left hand. One day, some three months earlier in the year, he had been engaged with a number of companions in ratting along the bank of a small stream that received the sewage from several groups of country cottages. They disturbed a rat, and stoned it till it seemed to be dead. When picked up, however, it had sufficient vitality left to turn upon the hand of the boy who had seized it, inflicting a not very severe skin wound with its teeth. The wound healed slowly, and was not thought important, but after a little it broke down again, spreading superficially and ulcerating through the whole thickness of the cutis vera as a *lupus exedens*.

R. P., aged 33 years, after a day's work during which he had no feeling of being in other than his usual health, was seized about 7 p.m. with slight pain in the splenic region. Shortly thereafter he had a rigor, and about three hours later sweated profusely. This occurred during the first week of last July.

After eight days of fair health—that is, nine days after the first—he had a similar attack, and seven days afterwards, on July 20th, still another, during which he was seen by one of us. His clothing was then wringing with sweat, his tongue was furred, the pulse was 120, and the temperature 100.4° F., though as he had by this time reached the sweating stage he was probably defervescing, and it had doubtless been much higher. The next day he seemed quite well again, except that the tongue was still furred.

Five days later he again had an attack of the same sort, followed this time by a fairly severe urticarial eruption; a further attack occurred on July 26th, and another—the sixth—on August 2nd. Subsequently he had a few slight rigors and sweats, having nothing like the severity of the major attacks, and each one less than the one before; these occurred up to September 30th, on which date, however, he was looking very well and fit. Between these seizures he appeared in good health, and examination only revealed the presence of a very slight haemic murmur over the cardiac area. The urine contained no abnormal constituents.

It is interesting to note (although such a test is open to the possibility of great error) that when in our search for a diagnosis for his condition we showed him Hewlett and Rodman's account* of "a case of rat-bite disease," the patient, who is by no means an unintelligent man, at once recognized the condition there described as being similar to his own, except in so far as he had no recollection of having received a bite from any of the rodents in his rat-infested house, which is by the side of a sluggish stream and contains "any amount" of both rats and mice.

So far as treatment is concerned, he received quinine and latterly acetyl-salicylic acid, neither of which drugs probably exerted much effect in controlling the course of the disease, which lasted something over ten weeks and seemed to die away gradually of itself rather than to succumb to the treatment directed against it.

Here, then, is a case recognized by us as "rat-bite disease," recognized as such by the patient also, occurring in association with rats, but not in association with rat-bites. Is the diagnosis wrong, or merely the nomenclature?

* *Practitioner*, July, 1913, pp. 86-87. The case there reported is said to be the sixth to have been described in Britain. A possible seventh is recorded by Nicholson in the *Practitioner* for September, 1913, pp. 429-30.

UNDER the will of the late Mr. John Hogg the Royal Victoria Hospital, Belfast, receives a bequest of £5,000.

AT Bow Street Police Court on December 11th four summonses were heard against the Savoy Turkish Baths, Ltd., Jernyn Street, charging them with having applied a false trade description to goods—to wit, Droitwich Brine Baths. After legal arguments, and after expert evidence had been heard, the magistrate committed the defendants, who reserved their defence, for trial at the sessions, and counsel for the plaintiffs, the Corbett Estate Trustees, said that it was proposed to make an application to the King's Bench.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DYSTOCIA DUE TO A FLEXED EVERTED ARM.

In a young primipara whose pelvis I knew to be normal, as I had measured it previously, the first stage of labour was quite normal, and when the os was fully dilated I ruptured the membranes, the head descending in the L.O.A. position. The patient was put under chloroform, and when the head was expected to have reached the perineum I made a vaginal examination. To my surprise, I found the head in the same position as it had been an hour previously. Forceps were applied, but no real advance was made; the head came down about 1½ in., but when the pain was over and I stopped pulling, the head went back again exactly as if there was a spring pulling it. It was evident that there was something obstructing the shoulders from entering the pelvis.

When the uterus was relaxed I manipulated the forceps so that the child was alternately slightly pushed up and down, and on continuing this for some time the obstruction was overcome, and finally I was able, with the help of the uterine contractions, to bring the head into the world. I then took hold of it with my hand and pulled, but could not get the shoulders out. Inserting a finger I found the left hand in close proximity to the left shoulder. I then took hold of the head in both hands and rotated so as to bring the arm across the front of the body. This being successfully accomplished there was no further difficulty.

In the normal condition, of course, the child descends with its arms folded on the chest, the forearm being flexed on the inverted arm; in this case the left forearm was flexed, but on the everted arm, so that the hand was caught up against the shoulder, and consequently the shoulders did not enter the pelvic brim. The exact course of events following application of forceps is interesting. Two explanations of the difficulty appear feasible: The hand being stopped by the pelvic brim, on pulling with forceps (1) either the shoulders actually descended a little and the arm became less flexed, and then when the pull was taken off the arm reverted to the flexed position, thus causing a kind of spring, or (2) the hand must have remained in its flexed state, and that shoulder not being able to move, the right shoulder alone came down when the pull was made, and on cessation of the pull went back taking the head with it. In either case my manipulation must have caused the right shoulder to have come down first, so that more room was made posteriorly and the left shoulder was enabled to come into the pelvis with the hand at its side.

The child was quite healthy and no injury was done to the arm. I think there I was fortunate, as there must be great risk of fracture in such a case. When the arm causes difficulty during labour it is usually due to its becoming dorsally displaced. In this case it is easy to see that if the arm had been abducted the hand would have been brought behind the head, which is one of the varieties of dorsal displacement.

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THE TREATMENT OF SYPHILIS.

THE following case illustrates the power of salvarsan and mercury to abort syphilis, even when given, as in this case, early in the secondary stage.

Mr. X., aged 30, came to me on February 2nd, 1913, complaining of a pimple on the fraenum praeputii of eight days' duration. A chancre was found on the fraenum; it was not indurated, but appeared to be syphilitic and not a soft chancre. I sent him to have his Wassermann reaction taken, and ordered calomel powder to be applied locally. The Wassermann reaction was negative. I saw him again on February 25th, and, though the condition was the same, I thought there was a little induration. I saw him again on March 20th, when he was suffering from a typical specific throat, and a very faint roseolous rash on the chest; the chancre was still present, much smaller but very indurated, and there were hard, shotty glands in the groin. On March 21st he was