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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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