TETANY ASSOCIATED WITH MUCO-MEMBRANOUS COLITIS AND PHTHISIS.

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TETANY and muco-membranous colitis are somewhat rare conditions, and the occurrence of both in a phthisical person at the same time, the one obviously dependent upon the other, renders the case about to be described worthy of being placed on record.

E. T., female, aged 21, and employed as a packer in a confectionery, was admitted into the consumption hospital at Bridge of Weir on March 21st, 1903, with a history of cough, with expectoration, loss of flesh and appetite, and some loss of strength of eight months' duration.

Family History.—It was stated that her father and a brother had died from pulmonary tuberculosis. In connexion with the supposed relationship between colitis and the rheumatic diathesis it may be mentioned that two brothers had suffered at one time from acute rheumatism.

Previous History.—The patient's health prior to the onset of her present illness was considered good. With the exception of an attack of pleurisy a year before admission she had been free from any serious illness. Menstruation commenced at the age of 14, but had never been regular; there was a slight leucorrhoeal discharge, which increased in amount for a few days before the menstrual period. For some considerable time patient had suffered from occasional intercurrent attacks of diarrhoea and shooting pains in her back and loins.

Condition on admission was good. Though thin she was not emaciated; her complexion was somewhat pale, and her mucous membranes were poorly injected. Pulse, temperature, and respirations were normal. On the right side of the neck, close to the angle of the jaw, there was a mass of enlarged lymphatic glands, while more anteriorly were some old puckered cicatrices. The percussion resonance over the right upper lobe in front was diminished as compared with that on the left side, while the vocal resonance and tactile fremitus were increased. The respiratory murmur was harsh with the expiratory portion unduly prolonged, and a series of medium-sized crepitations was heard. Over the supraspinous and scapular regions behind harsh respiratory murmur and medium-sized crepitations were audible. The left lung appeared normal. The sputum was scanty, and no tubercle bacilli were found on staining by Ziehl-Neelsen's method.

Progress.—During the first three months the patient responded well to treatment and gained 1 st. 5 lb. 8 oz. in weight. She was however very much troubled with constipation, alternating with attacks of diarrhoea. Apart from this she remained in excellent health until the beginning of July, when she began to complain of pain after food, with headache and giddiness, and in consequence was placed on modified diet and ordered to rest for one hour after each meal. On July 7th there was a paroxysm of acute abdominal pain. The motions as observed at this time were small and hard, occurring in round or bullet-shaped masses, somewhat slimy, and streaked with bright red blood. A striking feature at this time was the sudden change which took place in the disposition of the girl. From being a happy and contented individual she became emotional, extremely irritable, and at times hysterical, while tremor of the hands with slight twitching of the mouth, especially marked when addressed, was observed. From this date on to the beginning of August there were periodical attacks of abdominal pain varying in severity, and occurring at intervals of from a few hours to several days. The pain, which was burning in character, was at times very acute, and was referred for the most part to the regions of the ascending, transverse, and descending colon, where palpation elicited tenderness on deep pressure, and a definite feeling of resistance. During the most severe paroxysms there were noisy eructations, and the passing of much flatus per rectum. On one or two occasions there was sickness, the vomit consisting of rejected food or bile-stained mucus. The tongue was very foul, and was covered, except at its tip and edges, with a thick yellow fur, while the breath had a peculiarly disagreeable odour. The stools during this time had changed in character. They became softer and more slimy, and were at times watery, while mucus and shreds of membrane, and at intervals blood in small quantity, either bright red or altered in colour, were passed. In appearance the mucus was not unlike sputum, so much so that the nurse in attendance asked the patient if she had been swallowing her sputum. The shreds of membrane were for the most part small in size, the largest not exceeding 4 in. in length; they were light brown in colour, thin, translucent, and gelatinous. The mucus and membrane were occasionally passed in contact with or partially surrounding the motion when formed, but more frequently they were distinctly separate from it; at times following the desire to defaecate mucus alone was passed. Microscopically the membrane consisted of dense layers of mucus containing a few round and columnar cells. The edge of the membrane was sharply defined, thicker, and less translucent than the surrounding mucus, and here and there appeared rolled on itself. Meanwhile the patient's general health had suffered; she had lost over a stone in weight, and was feeble and low-spirited. From the onset of the symptoms the temperature had shown a tendency to rise, averaging about 100° F. in the evening, and reaching a maximum of 101.8° F.; before the attack the average evening temperature had been 99.4° F. Towards the end of the first week of August patient's condition commenced to improve. The stools became more normal in appearance,

and contained less mucus and only a few shreds of membrane. She was free from acute pain, but there remained a feeling of discomfort, described by her as a tight feeling in the upper part of the abdomen. As she complained of hunger, and appeared to be steadily improving, she was allowed a light diet, and was permitted a few days later to rise for a short time in the afternoon. On August 30th there was a return of the abdominal pain, with a little blood and an increased amount of mucus in the stool. On the following morning there were two motions containing some bright red blood. About midday a considerable quantity of blood was passed per rectum, preceded by severe abdominal pain. Immediately following the discharge of blood the girl had a severe and characteristic attack of tetany. When seen she was lying on her back with an anxious expression on her face and evidently trying to articulate something, which was subsequently found to be "I can't open my hands." The tonic spasms were severe, and affected the face as well as the extremities. The thumbs were flexed and pressed tightly into the palms of the hands, while the fingers flexed at the metacarpo-phalangeal joints were extended at their terminal joints. The hands were flexed at the wrist and the arms were crossed on the chest; occasionally they were held out in front as the patient vainly endeavoured to control the spasm. The feet were arched, and extended at the ankle-joint while the toes were crowded together, being adducted and strongly flexed. During the height of the paroxysm the patient was quite unable to articulate distinctly; the mouth was partially open and the lips pursed together as if she were trying to whistle. As the spasm lessened the angles of the mouth were retracted. The tongue, according to the patient's statement, was forcibly drawn to the right side of the mouth. The face was very pale, the extremities cold and the pulse feeble. The girl, in describing her sensations during the paroxysm, stated that she felt her limbs cold and could not stretch them out as her sinews appeared to be all drawn together; her face felt cold and stiff and her lips as if they were being drawn out and pressed together. Patient was warned of the attack coming on by feeling sick and shaky, and after the spasm had ceased there was feeling of numbness and a sensation of pins and needles in the limbs and face. There were only two severe paroxysms, the second occurring about three hours after the first, but for some days tremor of the hands and twitching of the facial muscles remained. The spasm was easily controlled by hypodermic injections of hyoseyn, hydrobrom. and considerable relief was obtained by the application of heat to the limbs. During the first few days of September the mucus passed per rectum had increased in amount, but during the second week it gradually diminished. She then commenced to improve, her appetite increased, and she was allowed a more liberal diet. Up to September 12th, the date of leaving hospital, small quantities of mucus were, however, occasionally observed in the stools. No untoward effect was manifested on the lung condition. Cough was slight, and for some weeks expectoration had been absent; physical signs, though still present, were much modified.

REMARKS.

This case is certainly one of unusual interest. The association of tetany with muco-membranous colitis in a case of phthisis pulmonalis must constitute a very rare combination of diseases.

It is true that the diagnosis of phthisis was not confirmed by the presence of tubercle bacilli in the sputum, but the presence of enlarged lymphatic glands and some old cicatrices in the neck, with crepitations over the right upper lobe, and a fairly uniform evening pyrexia, were sufficient to render the diagnosis almost certain.

What the exact relationship between muco-membranous colitis and tetany may be I am not prepared to say, but the association of the characteristic paroxysm of tetany with a form of colitis which is now regarded as a neurosis of the colon presented an interesting clinical picture.

A CASE OF HEMIPLEGIA OCCURRING DURING WHOOPING-COUGH AND DIPHTHERIA.

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THE publication by Mr. Gowing in the BRITISH MEDICAL JOURNAL of December 26th, 1903, of a case of ophthalmoplegia occurring during whooping-cough recalls to mind an interesting case which I had under my care some time ago:

J. J., male, aged 18 months, was admitted to the City Hospital, Aberdeen, on March 31st, 1902, suffering from diphtheria and whooping-cough.

History.—Diphtheria had been diagnosed five days previous to admission; whooping-cough had been present for about six weeks.

Condition on Admission.—The tongue was slightly coated; the throat was reddened and congested; a yellowish-grey membranous deposit partially covered the right tonsil; the submaxillary glands, more especially those on the right side, were enlarged. The breathing was laboured. Examination of the lungs detected the presence of some medium rales. The heart sounds were weak but there was no valvular incompetence. The pulse was soft, compressible, and feeble; the