A CASE OF NEURITIS AFFECTING THE OPTIC AND CERVICAL NERVES,

COMPLICATED BY CARCINOMA OF THE BREAST.

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IN the following case there was no history of alcoholism, and arsenic could not be found in any of the beer or foods that the patient had been in the habit of taking. She was not a teetotaler, but on the other hand had never taken alcohol to excess.

History.—Mrs. A. P., aged 45, had had nine children. An uncle died of cancer of the throat, but otherwise the family history was unimportant. As a baby it is stated that she had something the matter with her spine, but its nature is unknown. At the age of 14 she had a very severe attack of bronchitis, but beyond that she had always enjoyed good health until the birth of her second child. This pulled her down a good deal and the other children following each other quickly she had never been quite strong since. She got more and more nervous and easily worried. At the beginning of 1896, during lactation, she felt a small hard lump in her right breast. This was excised by her doctor. A year later a large fungating tumour appeared in her left breast, which was diagnosed as carcinoma, and the whole breast was removed. She was so afraid of recurrence that for the next twelve months or more she took a quack cancer cure which contained a little perchloride of iron. About this time her husband, who had a very good business, lost all his money, this worried her very much, brought on sleeplessness, and increased her nervousness. At the beginning of 1900 the present attack began. She had a sudden very severe attack of pain in both arms which only lasted a short time and then passed off. She had also cramp in the soles of the feet and pain in the shoulders. This was considered to be almost, if not entirely, rheumatic in origin, especially as there was grating to be felt in the right shoulder. Two months later she felt a "shivering" sensation in both arms and up the back of the neck and head, accompanied by dull aching pain over the same area. There was also cramps in the calves of the legs which came on at night especially, and could only be relieved by getting out of bed and walking about. This was followed by what she called "ramping pain" over the back of the head and neck, radiating down the arms. The arms and neck were very tender and any pressure over the affected area made her scream with pain. Whisky, taken on her own responsibility, eased her sufferings, and unfortunately she took a good deal in the few weeks before I was called in to see her, although she never had any symptoms of alcoholic poisoning. This, however, she cheerfully stopped on my orders. She went on slowly, sometimes improving and sometimes relapsing, until the middle of November, when she noticed one night a mistiness of the left eye, which rapidly got more marked, and the next morning she could not distinguish light from darkness. She was totally blind in that eye. At the same time she noticed some difficulty in speaking and stiffness of movement of the tongue and slight difficulty in swallowing. The right ear became quite deaf, but this passed off entirely a few hours afterwards, and was possibly secondary to the throat.

Anamnesis.—The left eye on examination showed a slight external squint. The left pupil did not react to light, except consensually with the right. The media were quite clear. The left disc was a little ill-defined on its inner margin, but nothing more. The veins were somewhat engorged, and the arteries seemed thin and wiry. The yellow spot appeared to be quite normal. On pressing the eyeball back there was some pain, but beyond slight lachrymation there was not much disturbance. The muscles of the face were normal, and those of the tongue acted, as far as one could see, freely and equally. During the next few days, however, the speech got thicker and thicker, and there was considerable difficulty in swallowing or protruding the tongue. She complained of "bright electric wires" and coloured flashes of light in the affected eye. This latter phenomenon still exists, but to a less extent than formerly. A fortnight later, on examining the tongue, the right side was found to be quite wasted and puckered, and on protrusion the organ was deflected to the right, and seemed more fixed than normal. The facial and ocular muscles acted well except the internal rectus of the left eye, which was rather weak. The hands and arms still tingled and felt dead. The interossei, thenar, and hypothenar muscles were quite wasted. The muscles of the arm and forearm were not so markedly affected. The muscles of the lower limbs were quite normal. When the patient sat up she held her jaw up, as she felt as if her mouth would fall open and her head fall forwards, although the posterior cervical muscles were not much wasted. There had been no oedema, pigmentation, redness, or other signs of arsenical poisoning anywhere.

Progress.—When the patient seemed well on the road to recovery she had a smart relapse, and the respiratory muscles were mostly affected. She could not lie in bed or sleep; she felt as if she was suffocating, and once or twice she became cyanosed and fought for breath, so that it appeared for a few hours as if the respiration would cease altogether. However, the disease ceased spreading, and the patient improved so rapidly that attention was paid to the carcinoma of the right breast, which had become more fixed to the pectoral muscle during her illness. During the night before the operation an abundant crop of herpes appeared on the sternum opposite the third rib, but mainly over the musculo-spiral area of both arms above and below the elbows. This had quite cleared up when the breast was dressed a week later.

Operation.—A.C.E. was administered, and when she had taken a few breaths respiration ceased; she became very cyanosed and the heart beats were quite inaudible. However, after some minutes she seemed to improve, and the operation was commenced. On making the first incision some very dark venous blood escaped, and this seemed to relieve her at once, the breathing becoming fairly regular and deep. The carcinoma was removed and the axilla cleared. The patient by the begin-

ning of January was up and improving rapidly. The neuritis was giving far less trouble, and she had a good chance of quite regaining her health, as, except the eye and the muscles of the tongue, the tissues had kept their reactions wonderfully well.

CASE OF FOREIGN BODY IN THE BRONCHUS: TRACHEOTOMY: RECOVERY.

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IN following the history of cases of foreign bodies in the bronchi, one's interest centres in the treatment—tracheotomy. This operation is called for, first, to lessen the danger from glottic spasm, in the event of the foreign body moving and being coughed up; and, secondly, to afford a supplementary outlet for the foreign body itself. The further treatment consists in waiting for developments in the lung and dealing with any abscess formation that may arise by direct operation.

The following adds one to the number of successful cases:

History.—On October 9th, 1900, A. F., aged 5 years, a very intelligent boy when going home from school picked up a beech nut, cracked it, put it in his mouth, and almost immediately began to "choke." When met by a friend a few minutes afterwards he was still "choking," with eyes suffused and face reddish-blue. About an hour after this he was brought to my house because "his voice had gone husky."

Anamnesis.—On examination I found rapid breathing, averaging 25 to 30 respirations per minute with some stridor and whispering speech, though the speech was occasionally clear and the breathing free from stridor. On examining the larynx with the laryngoscope, I found nearly complete bilateral paralysis of the adductors but no foreign body could be seen, and the trachea was clear for some four or five rings and not unduly vascular. On stripping the boy and examining the chest I found considerable deficiency of respiration on the left side over an area the size of a five-shilling piece, situated over the third rib midway between the anterior axillary fold and the sternum, or rather nearer the former. The respiration in the other lung was unduly exaggerated, the chest heaving with insuflation of the episternal and substernal spaces. I sent him home with orders that he should be kept quiet in a warm room. I saw him the next morning, when the respirations had increased to 32 per minute, the chest giving the same signs. Mr. Pye-Smith, of Sheffield, then saw the patient with me and gave the same opinion. We agreed that tracheotomy was the treatment but not immediately necessary. The same night I was called on account of a spasm which had subsided before my arrival. Subsequently during the night he had further difficulty of breathing at intervals, sleeping when not so disturbed. Next day I reported the condition to Mr. Pye-Smith, and it was decided to do the operation that night—October 11th. In passing I might mention that the friends turned the patient upside down during the night and patted his back, a course I had not dared to venture. He was very sick but no foreign body was brought up.

Operation.—The operation was performed at 9 P.M., the temperature being 100°, the pulse 80, and the respirations 40 before operation. The condition of the chords did not appear to me as quite satisfactory for the administration of chloroform, so everything was close at hand in readiness for an emergency, which after a few whiffs of the anæsthetic duly occurred, namely, spasm and cessation of breathing, with coldness of the extremities. Mr. Pye-Smith quickly finished the operation, but even when the trachea was well opened no respiratory act ensued until artificial respiration had been continued for some time. The bronchi on the left side were well searched with long forceps, but nothing could be found. The boy was then held up by the heels, but only some blood ran out from the bronchi. A large tracheotomy tube was put in, and the opening in the trachea was further kept open by silver sutures with loops through the cartilages, and brought round the neck and tied behind. The boy was put back to bed now warm and of good colour. Three hours afterwards he was dozing quietly. His temperature was 100.8°, his pulse 80, and his respirations 40 per minute.

Progress.—On October 12th, at 6 A.M., the patient was collapsed; his temperature was 101.8°; his pulse 92; and the respirations 44, with Cheyne-Stokes breathing. The tube was removed and cleaned. There was considerable pain in the abdomen. Milk was ordered, and a sedative draught. At 10 A.M. the patient was more comfortable, the bad symptoms had subsided, and he had slept 45 minutes. His temperature was 101.4°, pulse 88, respirations 40. On October 13th the patient had had eight hours' sleep during the past night. Some glairy mucus was coughed up. The temperature was 100°, pulse 94, respirations 36. On October 14th (three days after operation) fluid food was taken well, and green, tenacious mucus was coughed up. The temperature was 99°, pulse 100, respirations 32. On October 15th there was no change. On October 16th he had a comfortable day and night; the stools were examined, but nothing found. The temperature was 98.4°, pulse 100, respirations 30. On October 17th the voice was no longer whispering; respirations 28. On October 18th, at 9 P.M., two small pieces of the husk of the nut were found on the dressing over the tube; the tube was removed. The temperature was 99°, pulse 90, respirations 28. On October 20th his respirations were 24 to the minute. On October 22nd the wires were removed. On examining the chest respiratory and vocal sounds were found to be deficient over the left pectoralis major, close to the axillary border, otherwise the chest was clearing of rhonchi and sibil, which had been present since the operation. The wound was healthy. On October 28th the patient was downstairs for the first time, and apparently in his usual health. The temperature was 99°, pulse 84, respirations 20. The wound in the neck was not quite healed. From this date the chest slowly cleared, but considerable weakness remained for some time. At the present time (February 11th,