BRIEF NOTES OF

MEDICAL CASES,

SELECTED FROM HOSPITAL AND PRIVATE PRACTICE.*

By C. M. DURRANT, M.D., IPSWICH.

Paraplegia.

A LABOURER, aged 40, of temperate habits, was admitted into the Ipswich Hospital, December 13th, 1849, respecting whom the following history was elicited:—

He stated that in July last, he worked up to his waist in water, while mowing the edges of a pond, and that a few days after this he was seized with a sensation as if a tight band were encircling his waist. This was accompanied by numbness of the back part of the thighs extending down the legs, and followed by gradually increasing loss of power in both lower extremities. Sensation was at first slightly impaired, but this had been again restored prior to his admission into the hospital. He further stated that he had neither suffered from headache nor sickness, but that his eyesight, which, prior to this attack had been good, had since gradually failed, and that now he was almost blind with respect to the vision of the right eye. On admission, his countenance was sallow and heavy, with the peculiar expression often indicative of cerebral mischief: there was complete loss of power in both lower extremities, in which also he was much troubled and distressed by automatic movements, causing the limbs to start and become suddenly drawn up, particularly at night, to the poor fellow's great discomfort. There was no spinal tenderness either on pressure or percussion, but the sensation of the waist being girt by a tight band still persisted; right eye permanently amaurotic, with slight strabismus, the globe being drawn upwards and outwards; left eye slightly amaurotic, which affection was removed by a blister; pulse weak, 80; tongue coated, but protruded naturally; breath offensive; bowels sluggish; urine variable in quantity, but voided without difficulty. The right arm was subsequently seized with automatic movements, preventing him keeping it extended from the body, while the pulse was being felt.

Free purging with counter-irritation to the region of the spine had been resorted to without benefit, prior to the patient's admission into the hospital, and a like result, I am sorry to add, attended the treatment adopted during his sojourn there. The effect of mercury upon the system, electro galvanism, the thermal treatment of Dr. Day, by the application of the button upon each side along the whole course of the spine; a seton in the neck, with iodine and other remedies internally, including strychnia, signally failed to benefit him. The only perceptible effect of treatment was, that on a discharge being established at the nape of the neck, by the seton, he rapidly and decidedly

became worse, so that the seton was of necessity withdrawn, when the symptoms resumed their former position.

Remarks.—This case, although unhappily the result of treatment proved unsuccessful, nevertheless offers in a pathological view, many points of interest and instruction. Paraplegia, as shewn lately more particularly by Dr. Gull, may be divided—first, into those cases resulting from lesion of the spinal cord, where the loss of motion is greater than that of sensation; and, secondly, into those in which the loss of sensation preponderates over that of motion, subdividing this latter class into two groups, viz., those in which the anæsthesia is peripheral, *i. e.*, arising primarily from an affection of the nervous trunks themselves, apart from any lesion of the spinal cord; and those which may be called cerebral, having an encephalic, instead of a spinal origin, and which latter may often depend either upon changes of structure in some part of the brain mass, or upon an impaired nutrition of that organ, resulting from a disordered condition either of quantity or quality of its circulating fluid.

The diagnosis of spinal affection is often very obscure. We may suspect the real nature of the lesion, and, during the progress of the malady, predict, with considerable confidence, the morbid changes which we imagine to obtain; but which, (as those who have had much experience in nervous affections will admit,) a *post-mortem* examination not unfrequently proves to have been unfounded and entirely erroneous.

The exciting cause of the paraplegia in the case under consideration is clearly to be traced to the combined influence of cold and moisture, which, of all the physical agents in producing disease, is perhaps the most influential.

Although both the brain and spinal cord were implicated, yet it was to lesion of the latter alone that the paraplegia could be attributed; and it now becomes interesting to investigate, as far as we are able, the probable nature of the change upon which the palsy depended.

The circumstance of the patient (previously in good health) having been exposed to the prolonged influence and local application of cold to the spine, the manner in which the accession of the disease at first declared itself, and the gradual but progressive march towards complete loss of power, will lead us to regard local fulness of the vessels of the spinal sheath as the primarily exciting pathological cause. The same agent, viz., cold, by depressing nervous power, further favoured congestion of the spinal nervous centre, at the spot where the benumbing influence was more immediately applied; and this, in its turn, taking on a progressively disordered action, ultimately produced the lesion which, unhappily, proved incurable.

Having, then, admitted that congestion was the most probable first excitator to paralysis, we shall have no difficulty in disposing, on negative grounds, of many of the pathological causes to which paraplegia may sometimes be traced.

* Continued from page 256.

The absence of fever, with local pain and convulsions, or tetanic rigidity and contractions, and the exemption from paralysis of the bladder and sphincter ani, will discountenance the existence of acute myelitis, or spinal meningitis. Again, the gradual progress of the symptoms will oppose the suddenness and intensity of paralysis and pain in the back, which are characteristic of hæmorrhage.

The previous history of the patient will equally invalidate the idea of the palsy depending upon a tumour, or malignant degeneration; while the steady resistance to treatment, and the characteristic phenomena which the case from the first presented, will, in like manner, disprove the possibility of its origin being disordered function. It remains, then, for us to look either to ramollissement or induration of the cord, as being the lesion to which the loss of power may, with the greatest probability, be referred.

When paralysis depends upon softening of the nervous matter, there is, according to Lallemand, a more or less permanently contracted state of the flexor muscles of the limbs; but recent pathologists have shewn that this is by no means invariably the case. At no period in the history of this patient did permanent contractions of the limbs obtain. Softening of the cord may occur as a consequence of a *coup de sang*, or sudden congestion of the venous capillaries of the part, than which, in the case before us, nothing was more likely to have happened. Or again, a certain amount of softening of the nervous pulp, resulting from impaired nutrition, may possibly have existed in a latent state, and which, at the period of seizure, under the influence of the exciting cause, may have assumed an increased activity and given rise to a gradually-poured-out hæmorrhagic clot. Or, lastly, the same influence, viz., cold, may have engendered serous effusion, either locally or as a result of gravitation, into the spinal canal; and this, *per se*, or by inducing softening, might become the cause of a paraplegic attack. To the first of the above changes, however, am I inclined to refer the causation of the symptoms (for paraplegia is only a symptom,) in the above case, viz., that the total loss of motion in the extremities was dependent upon softening of the spinal cord, following sudden congestion of the capillaries of its substance and membranes.

Induration of the substance of the cord may equally result from depraved nutrition, or slow inflammatory action, and thus give rise to paraplegia. The greater chronicity of this lesion, however, coupled with the frequency of convulsions, and the increased prospect of a cure being effected by judicious treatment, renders the supposition of induration being the cause of the palsy in the present instance, far less likely than the opposite condition—ramollissement.

Although the affections of the eyes and arm were secondary to the paraplegia, it was evident that the brain and medulla oblongata were suffering from impaired nutrition. And it is more than probable, judging from the permanence of the amaurosis in the right eye, together with the slight strabismus, and the automatic movements in the right arm, that the opposite hemi-

sphere was also gradually becoming disintegrated by softening.

From the double affection coexisting in the two nervous centres, the prognosis of the case must be regarded as peculiarly unfavourable.

Paraplegia.

Samuel Cunningham, aged 39, a stone-dredger—an occupation which exposes the employed to all vicissitudes of temperature—became an inpatient of the Ipswich Hospital, February 13th, 1850.

On admission he stated that about three weeks previously he had felt numbness in the toes, commencing in the right foot, and gradually extending upwards until the thighs and lower part of the abdomen and buttocks became affected. At this period the motor power of the limbs was unimpaired. He then, (although he is not quite clear as to the precise commencement,) began to feel a loss of power in the lower extremities, which increased until within about a fortnight prior to his admission, when both sensation and motion were, (the former entirely, the latter almost so,) completely abolished. His countenance and complexion were tolerably healthy; he had not suffered from pain in the head; pupils acting naturally; tongue clean, with direct protrusion; appetite good; urine clear; no difficulty in evacuating the contents either of the bladder or rectum; lungs and heart healthy. On examining the spine it was found to be perfectly free from tenderness and curvature, but there obtained complete anæsthesia of the buttocks, lower abdomen, and extremities. He was also incapable, while in the horizontal posture, of raising the legs, even to the slightest degree.

Treatment.—In the absence of all indications, either for depletion or counter-irritation, and the symptoms being regarded as depending rather upon loss of function than upon change of structure, small doses of the bichloride of mercury, with the muriated tincture of iron, and galvanism, were the remedies first prescribed. Upon the gums becoming tender from the mercury, it was omitted, and the steel, with tincture of cantharides, continued. The warmth of bed had a marked effect upon the motor power of the limbs, and under the use of these remedies the patient steadily and progressively amended.

He has not yet left the hospital, but the anæsthesia is entirely removed. His general health is good, and he is enabled to take a considerable amount of exercise, with a daily improving gait.

Remarks.—This case, in contradistinction to the former, is evidently of peripheral origin, the loss of sensation both preceding and preponderating over that of motion, while the history of the progress of the symptoms still further tends to elucidate its pathological bearings.

The anæsthesia commencing in the toes, extending gradually upwards, and persisting for some time prior to the supervention of loss of motion;—the absence of spinal tenderness or uneasiness, save (which was omitted

in the report) a sensation of tightness round the waist, cotemporary with the loss of power;—the immunity of the bladder and rectum from paralytic torpor;—and the marked beneficial influence of warmth upon the extremities, all indicate the peripheral origin of the attack. That there existed, however, during the progress of the case, some local congestion of the spine, resulting from deranged nervous influence, and producing pressure, is more than probable, and to this may perhaps be attributed in some measure the subsequent loss of power.

In the treatment, the principal indications appeared to be the removal of anæsthesia by restoring lost tone to the affected nerves, and the withdrawal of any local congestion or serous effusion, that might exist within the membranes of the spinal cord. The warmth of bed, galvanism, and steel, amply fulfilled the former indication, while the exhibition of the bichloride of mercury, and the tincture of cantharides, by exciting the absorbents, and relieving pressure, satisfactorily effected the latter.

[To be continued.]

PRACTICAL REMARKS ON RETENTION OF THE PLACENTA,

WITH ESPECIAL REFERENCE TO THE CONDITION
TERMED "HOUR-GLASS CONTRACTION OF THE
WOMB."

By RICHARD HODGES, Esq., F.R.C.S.

*To the Editors of the Provincial Medical and Surgical
Journal.*

GENTLEMEN,—The great importance of this division of the practice of Medicine, will, I trust, form a sufficient apology for my sending you the enclosed communication, the insertion of which, if it be regarded by you of any worth, will greatly oblige

Your faithful Servant,

RICHARD HODGES.

Rochford, Essex, March, 1850.

The delivery of the placenta has ever been considered a matter of the greatest interest: many of the difficulties the surgeon meets with are traceable to its retention; and complications often of a fatal character now and then arise when the placenta is kept back either through inaction, fatigue, or exhaustion, or from spasmodic or irregular action of the expelling organ, the prominent evil attendant upon such conditions being hæmorrhage; and I need not here remark that there are no cases in the whole practice of midwifery more fearful to behold, or which call for the exercise of greater promptness and skill than those which are accompanied by severe flooding. The management of the placenta has, in all ages of the world, been conducted on the most opposite principles; for we find one eminent individual recommending that the mass should be removed immediately after the birth of the

child; another, that the woman be allowed to rest awhile, and recover from the fatigues of parturition; and a third advising that the placenta be suffered to come away entirely by itself—be left until the unassisted powers of nature expel it.

On reflection, it is to be admitted that general rules are in some degree useful, and serve as guides to the uninitiated, and are often approximative of the proper plan of practice; yet experience teaches us no one rule can be applicable to all conditions. The wisest course appears to be to observe the operations of Nature, and to act as *she* may dictate, for by so doing we shall be less likely to err than by adopting any artificial rule which may be established. We cannot keep *her* too prominently before us. *She* should be our guide; for we see that even in those cases where the assistance of art is necessary, the feeble efforts of the surgeon would be unavailing were *she* to withhold from him her powerful aid.

On proceeding to the more immediate object of this paper, namely, the consideration of retention of the placenta, it may not be irrelevant in this place to mention the experience which the attending of upwards of a thousand cases of labour has given me in relation to this subject. In rather more than one-third of the cases the placenta was either expelled at one and the same time with the child, or passed away of itself in from five to twenty minutes after the birth of the infant. In three or four cases it was retained through uterine inaction, or fatigue, the consequence of difficult or tedious labours, and in one of which cases there was partial adhesion of the placenta to the uterus. In two instances the afterbirth was kept back through what is termed hour-glass contraction of the womb, the nature of which induced me to draw up the present communication, as an additional proof, if one were wanting, that the state called hour-glass contraction of the uterus does now and then occur; and to convince, through the medium of your journal, those who may doubt its existence, or be unprepared to meet with the complication when called upon, either on account of flooding or prolonged retention, to remove by operation a placenta from the uterus. In the remaining cases, and these constitute by far the greater number, the afterbirth was not excluded within the period specified—twenty minutes. The uterus, however, was in all of them firmly contracted, and the placenta consequently separated from it, the mass remaining partly in the vagina and partly in the uterus, in a position from which it might be at any time safely taken, provided that the womb be felt "hard as a ball" through the walls of the abdomen. From observation, therefore, I infer that it is not at all uncommon for the placenta to remain behind a long time, and that many have taken to themselves the credit of having performed a serious operation, whereas, in reality, no operation has been performed at all, save that of removing the mass from the vagina,—a very different matter from having to perform the more rare operation of introducing the hand and arm into the cavity of the womb itself. I have been called in on many occasions for the purpose