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## Selections: Medicine.

### CLINICAL LECTURE ON SPINAL HEMORRHAGE.

BY EDWARD LONG FOX, M.D.,  
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GENTLEMEN,—The patient you have just seen is a labourer, aged thirty-four, of temperate habits. He has always had good health until two months ago. He was then carrying a heavy weight on his back up a ladder, and felt suddenly a pain across the loins. His left hip immediately gave way under him; he was unable to lift the left foot from the ground. At the same time his urine began to dribble away from him, and on the next day the feces passed unconsciously.

On admission, there was found considerable wasting of most of the muscles of the left leg. He could bend the left knee but not the left hip. He was able to stand with a little help, but manifestly depended chiefly on the right leg. His urine was passed unconsciously, and he had no power over the accelerator urinae. There was entire paralysis of the sphincters of the anus. He had a bedsore as large as a crown-piece over the sacrum. His digestion was impaired. There was slight hyperæsthesia over the paralysed leg, and complete absence of galvanic excitability. No tenderness or pain down the spinal column. The temperature was a little raised, probably from the irritation of the bedsore. The temperature in the left groin one-fifth of a degree (Fahr.) higher than in the right. Urine ammoniacal and purulent.

He was given strychnia and quinine, the bedsore attended to, a nutritious diet ordered, and

in a very short time he improved to the extent of being able, in bed, to move the leg very freely, to control completely the sphincter ani, and to use the accelerator urinae, and, perhaps as an indirect result of doing so, the urine did not dribble away so incessantly. The bedsore got well, and the patient was able to digest a nutritious diet.

We have here—

1. Almost complete motor paralysis of the left leg, with slight hyperæsthesia, and with extinction of galvanic excitability.

2. Complete paralysis of the sphincter vesicae and the accelerator urinae and sphincter ani.

3. The occurrence of these paralytic symptoms *immediately* after the accident.

4. The gradual recovery from the motor paralysis of the left leg; complete restoration of the sphincters of the anus, and partial recovery after one month's treatment (three months after the injury) of the accelerator urinae and sphincter vesicae.

5. The sequence of cystitis, gradually alleviated by small astringent washings of the bladder.

The diagnosis is gathered from the mode of access on the one hand, and on the other from the consideration of the parts paralysed. The mode of access was absolutely sudden. A strain on carrying a heavy weight; a pain low in the back and along the few inches of the great sciatic nerve on its exit from the spinal canal; loss of power over the anus and bladder in the course of a few hours; the gradual occurrence of ammoniacal urine andropy purulent mucus from the bladder, as a result of the inability of fully emptying this organ.