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TWO CASES OF ACUTE SPINAL PARALYSIS.*

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We had during the past year two cases of acute spinal paralysis in neighbouring beds, which exhibited many interesting features. The first, although resembling in many points Landry's ascending paralysis, presented some symptoms which distinguished it from that disease.

P. H., æt. 23, dry goods clerk, was admitted to the hospital Dec. 21, 1891. He was quite well on Thursday, Dec. 18th, and slept well that night. After waking on Friday morning on rubbing his toes against the blanket, he noticed a tingling numbness which he described as a sensation similar to that caused by wearing tight boots or by a blow on the funny bone. On getting out of bed he felt a peculiar stiffness in the calves of the legs, which continued during the day. While walking to the store in the morning he felt a tingling and numbness in his fingers—which he then supposed was due to cold. These peculiar sensations did not pass off when he resumed work—he was engaged making up parcels to be taken by the porter. Between 9 and 10 o'clock that morning, having a spare hour, he and another employee commenced a game of cosolough, in which checkers are flipped by the middle and forefinger to the centre of the board. When patient attempted he could not flip them for want of power in his fingers. He also experienced a difficulty in tying parcels. Notwithstanding these symptoms, he continued at work until closing time. He then walked home, a distance of about three-quarters of a mile, ate his supper as usual and slept well that night. On the following

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morning (Saturday) he was unable to dress, and went back to bed. At ten o'clock he tried again to get up, but failed. At noon he was helped in dressing, walked to the water closet in the back yard and, when returning, lost all power of his limbs, and fell down. He was assisted to the house and placed in bed, and remained in this condition until the evening, when he was seen by a doctor. His temperature was then 100°. On Sunday he was sent to the hospital.

These notes were taken on Monday. The patient is well nourished and presents a healthy appearance. There is motor paralysis of both upper and lower extremities—more marked on the left than on the right side. The left arm could only be moved by the shoulder muscles. The fingers of the right hand could not be moved, but the patient had power to produce slight contractions in the extensors and flexors of the forearm. The lower extremities below the knees were completely paralyzed. He was able, however, to flex the thigh, the right more than the left.

The muscles of respiration and deglutition were slightly affected. The superficial reflexes were increased, with the exception of the epigastric, which was absent. The patellar tendon reflex was absent. The faradic current showed electro-contraction normal in the upper but diminished in the lower extremity. The pupils are slightly dilated, but respond equally to light. There is no disturbance of tactile sensation, in fact it is very acute. He has a slight feeling of numbness but no pain. There is some soreness over the muscles of the calf, but no tenderness over the nerve trunks. There is no mental disturbance, no headache, vertigo, nor loss of memory. There is no loss of power over the bladder or rectum. The stomach is somewhat dilated and the bowels constipated.

The respirations are 28 to the minute, somewhat laboured; pulse 80°, temp. normal; heart hypertrophied. The apex beat downwards and towards the left. The pulmonary second sound is accentuated, and a distinct systolic murmur is heard at the apex. Urine slightly high colored, Sp. Gr. 1032. No albumen, sugar or bile. Chlorides in excess. Urates and phosphates abundant.

Dec. 31st.—During the ten days since admission the symptoms have gradually become more