

A CASE OF SPASTIC SPINAL PARALYSIS ENDING IN RECOVERY.

One of the many undetermined points connected with the disease described by Erb under the name of spastic spinal paralysis (*tabes spasmodica*, Charcot) relates to the prognosis. Erb believes recovery to be extremely rare, though less so than in other forms of chronic spinal paralysis. Charcot refused to believe in the possibility of recovery from the disease. Westphal has published one case in which complete recovery took place. In Dr. Kussmaul's Klinik at Strasbourg, Dr. Reinhard von der Velden observed the present case (*Berliner Klinische Wochenschrift*, September 23, 1878); it is distinguished from Westphal's by the acute onset of the disease, and the rapidity with which all the characteristic symptoms were developed.

E. P., aged 27, clerk, had a good family history, and had enjoyed good health, with the exception of a short indefinite illness at seven years of age. No traces of syphilitic infection could be discovered. Slight kypho-scoliosis was present, which, the patient said, dated from birth. Two days before admission, he attempted suicide by jumping into a river; after being rescued, he walked several miles home in his wet clothes, exposed to a wind, and went to bed. Next day he complained of pains in the abdomen, and gastric troubles.

On admission, on May 13th, the tongue was coated, and the abdomen somewhat hard and full. There were no other objective symptoms. He had no appetite. There was no constipation. Temperature, 100.9; pulse, 82; respiration, 14. Castor-oil was ordered.

May 14th. He had excessive perspiration during the night; no abdominal pain, but a feeling of pressure on the chest. There were no other physical signs, no fever.

17th. He had pains in the region of the bladder, and dragging pains in the testicles. His appetite was good; the alvine secretions were natural. He looked pale and anxious, and refused to get up.

18th. The patient was small and anæmic, with weak muscular development, but was moderately fat. He complained of a peculiar stiffness in the legs, which he first noticed the preceding evening. He had no pain, and slept

well. No disturbance of circulation, respiration, or digestion were present. On being lifted out of bed he was unable to walk; he could hardly move one leg before the other, and could not flex either knee or ankle. Both legs were stiffly extended by a spastic contraction of all the muscles. A slight tremour was also observable in them. The spasms became more intense while the patient stood, and he was thrown more and more forward upon his toes. When supported on both sides and taken along the ward, he either let both his legs drag stiffly after him, or attempted by means of the pelvic muscles, to swing them round alternately.

On being replaced in bed, the muscles of both lower extremities were seen to be strongly contracted, and in a state of constant tremour; the latter, however, gradually passed off when the patient was left quiet and became warm in bed. All movements could be performed, but only very slowly. Passive movement of the limbs met with moderate resistance. After about half an hour the spasm also became less severe; movement was easier, but weakness was still evident. No pain was caused by pressure on the spine. There was no disturbance of sensation; neither trophic nor vasomotor symptoms could be discovered; the sphincters were unaffected; the intellect was clear; there was no vertigo nor inequality of the pupils. There was neither albumen nor sugar in the urine.

23rd. The patient stated that when he was warm in bed, his legs neither trembled nor were stiff, but that he could only lift them a very slight distance; he could not cross one over the other. The attacks of rigidity and tremour occurred two or three times daily, sometimes spontaneously, and sometimes in consequence of external causes. During a strong attack the patient would perspire freely, and afterwards feel quite exhausted. Strong pressure upon the crural nerve during an attack caused the muscular spasm to cease in the leg of the same side, but to become more powerful in the other. By dint of great exertion the patient was able very slowly to flex either of his legs during the period of spasm; as soon, however, as the leg and thigh were inclined to one another at an angle of about 45°, the muscular resistance of the movement sud-