CASE OF INJURY OF THE SPINAL CORD, AND RESULTING PARALYSIS, TREATED BY THE ACTUAL CAUTERY.

By Surgeon-Major John Anderson, Army Medical Department.

The following case is of interest as regards—(1) the severity of the lesion of the nerve-centre without discoverable fracture or displacement of its bony protection; (2) the long duration of the lesion; and (3) the treatment and its result.

Private G. C., of the Inniskilling Dragoons, was admitted to the Station Hospital, Piershill, Edinburgh, on July 15th, 1877; having, immediately prior to that date, been nearly four months under treatment in a hospital in Dublin. On the 14th March, 1877, when leaving the Riding School, his horse fell with him, and the animal, in its efforts to rise, first knelt on his rider's loins, then, getting entangled in reins, belts, &c., fell a second time and rolled over his rider. In so doing the high cantle of the military saddle was pressed heavily on the man's spine in the lumbar region. On being extricated from the mêlée G. C. was conveyed to hospital. At this time he complained of nothing more serious than numbness and soreness in the small of the back, and the ordinary local applications for contusions were applied to the seat of injury. About ten days after the accident, and not until then, the patient noticed a small quantity of urine being pressed heavily on the man's spine in the lumbar region.

On being extricated from the mêlée G. C. was conveyed to hospital. At this time he complained of nothing more serious than numbness and soreness in the small of the back, and the ordinary local applications for contusions were applied to the seat of injury. About ten days after the accident, and not until then, the patient noticed a small quantity of urine being pressed heavily on the man's spine in the lumbar region.

After this the patient lost all sense of the condition of the bladder—i.e., he became quite unable to say whether it was full or empty; he also lost all expulsive force, and sometimes imagined urine was dribbling from him when it was not.

The condition of the patient on his arrival at Piershill was as follows:—There was complete paralysis of the lower limbs; the left limb had lost all sensation, and the right one nearly all. There was no rigidity of the knee-joints, nor was there a distinct paralysis of the legs, the bladder not being more severely affected than the right, and about a month later he first observed that his urine was voided involuntarily. The paralysis of the bladder and its sphincter had occurred gradually, the first symptom being that of incontinence during sleep; then followed sudden, uncontrollable desire to micturate, even when the bladder contained but a small quantity of urine; at these times, unless the urinal was within reach, the bedclothes were wetted, showing that strong efforts of the bladder had failed to exercise any retarding power. After this the patient lost all sense of the condition of the bladder—i.e., he became quite unable to say whether it was full or empty; he also lost all expulsive force, and sometimes imagined urine was dribbling from him when it was not.

The actual cautery was applied to-day. There was complete paralysis of the lower limbs; the left limb had lost all sensation, and the right one nearly all. There was no rigidity of the knee-joints, nor was there a distinct paralysis of the legs, the bladder not being more severely affected than the right, and about a month later he first observed that his urine was voided involuntarily.

On being extricated from the mêlée G. C. was conveyed to hospital. At this time he complained of nothing more serious than numbness and soreness in the small of the back, and the ordinary local applications for contusions were applied to the seat of injury. About ten days after the accident, and not until then, the patient noticed a small quantity of urine being pressed heavily on the man's spine in the lumbar region.

The condition of the patient on his arrival at Piershill was as follows:—There was complete paralysis of the lower limbs; the left limb had lost all sensation, and the right one nearly all. There was no rigidity of the knee-joints, nor was there a distinct paralysis of the legs, the bladder not being more severely affected than the right, and about a month later he first observed that his urine was voided involuntarily. The paralysis of the bladder and its sphincter had occurred gradually, the first symptom being that of incontinence during sleep; then followed sudden, uncontrollable desire to micturate, even when the bladder contained but a small quantity of urine; at these times, unless the urinal was within reach, the bedclothes were wetted, showing that strong efforts of the bladder had failed to exercise any retarding power. After this the patient lost all sense of the condition of the bladder—i.e., he became quite unable to say whether it was full or empty; he also lost all expulsive force, and sometimes imagined urine was dribbling from him when it was not.

On being extricated from the mêlée G. C. was conveyed to hospital. At this time he complained of nothing more serious than numbness and soreness in the small of the back, and the ordinary local applications for contusions were applied to the seat of injury. About ten days after the accident, and not until then, the patient noticed a small quantity of urine being pressed heavily on the man's spine in the lumbar region.

The condition of the patient on his arrival at Piershill was as follows:—There was complete paralysis of the lower limbs; the left limb had lost all sensation, and the right one nearly all. There was no rigidity of the knee-joints, nor was there a distinct paralysis of the legs, the bladder not being more severely affected than the right, and about a month later he first observed that his urine was voided involuntarily.

On being extricated from the mêlée G. C. was conveyed to hospital. At this time he complained of nothing more serious than numbness and soreness in the small of the back, and the ordinary local applications for contusions were applied to the seat of injury. About ten days after the accident, and not until then, the patient noticed a small quantity of urine being pressed heavily on the man's spine in the lumbar region.
TREATMENT OF FIBROID TUMOURS OF THE UTERUS BY ERGOTINE SUPPOSITORIES.

BY ROBERT BELL, M.D., F.F.P.S.G.,
PHYSICIAN TO THE GLASGOW INSTITUTION FOR DISEASES OF WOMEN AND CHILDREN.

The immense benefit resulting from the subcutaneous injection of ergotine in uterine fibroids has been so often demonstrated that we now look upon the drug as the most potent agent we have in the medical treatment of such tumours, and yet there are many objections to its use by means of the hypodermic syringe. First among these is the tendency to suppuration in the neighbourhood of the acupuncture, and when the operation required to be repeated twice a week there is no small difficulty. True, it has been said that if the needle is insinuated into the muscular coat, it is more likely to avoid any risk of irritation to the urethra, but on passing the sound it became quite evident that what I had at first mistaken for the fundus of the organ, was a fibrous polypus, and, with a view of bringing this into the vagina, a suppository containing four grains of ergotine was ordered to be used every night, irrespective of any bloody discharge from the uterus, a practice which I have found of great service. This treatment was pursued for three weeks, when the suppository has been doubled, and I find that the result is not only more speedy, but much more satisfactory in every way.

CASE 2.—Mrs. S., from Dumbarton, came to consult me in consequence of metrorrhagia, which had produced extreme anaemia. The uterus measured four inches and a half, and at the fundus there was a fibroid tumour. The above treatment was pursued, but each suppository contained three grains of ergotine, and it was given in large quantity. This was continued in with slight intermissions for fully six months, at the end of which time the uterus had attained nearly its normal dimensions, and the tumour had almost disappeared, the menses again resuming their natural periods.

CASE 3 is perhaps the most interesting of all, as the relief obtained was so speedy and so complete. The patient eight years ago fell from a height of six or seven feet whilst swinging on an ordinary child’s swing. This gave way, and she was precipitated on her back, whereby the uterus was displaced backwards. From the date of the accident she has been more or less lame, the pain while walking always being located in the sacral region. About eighteen months ago she fancied the abdomen was swollen, she experienced a feeling of fulness in the pelvis and a difficulty when at stool. On examination I found the uterus to be acutely retroflexed, and the fundus was very much enlarged, quite to the extent of a pregnancy of two months. The contour of the tumour was quite regular. I suspected a fibrous polypus, and, with a view of bringing this into the vagina, a suppository containing four grains of ergotine was ordered to be used every night, irrespective of any bloody discharge from the uterus, a practice which I have found of great service. This treatment was pursued for three weeks, when the tumour was expelled. It presented the appearance of a fibroid undergoing decomposition, but there was no smell indicating putrefaction. Studded over the surface of the mass I was large areas of fatty deposits, and the whole tumour was in a state of fatty degeneration. The subsequent treatment of the patient consisted in passing the sound and rectifying the position of the uterus twice a week, and introducing, behind the uterus, a plug of cotton soaked with glycerine. This was done for four weeks, after which I introduced a Hodge’s pessary, and now the patient expresses herself as feeling perfectly well.

I would urge all who would employ ergotine in such cases, or indeed in any disease, to be sure that they are being supplied with a good article, or, I need hardly add, disappointment will most certainly follow. This caution is the more necessary, as ergot of rye is so often supplied to the trade under the name of ergotine, and frequently by a medicinal agent. We cannot, therefore, be too careful in our selection of the drug, nor too particular in our investigation of the efficiency of each individual sample.

Glasgow.

ON CASES OF PARADOXICAL TEMPERATURES.

BY HORTARIO DONKIN, M.B. OXON.,
SENIOR ASSISTANT-PHYSICIAN TO WESTMINSTER HOSPITAL; PHYSICIAN TO EAST LONDON HOSPITAL FOR CHILDREN.

I publish the following remarks chiefly as a sequel to the report of a case of remarkably high temperature that appeared at some length in THE LANCET of May 11th, 1878, in view of the interest of the subject involved, and of the fact that several cases somewhat similar have either been published or come under my notice since that time. I shall, at first, briefly recall the leading facts of my case to which allude, and give its further progress up to the present moment referring, as a supplemental note, to a seemingly showing similar phenomena; and shall call attention, in conclusion, to the considerations of clinical importance and physiological interest which would appear to arise from the establishment of these facts.

My patient, who is a nurse at the East London Hospital for Children, aged nineteen, on recovery from enteric fever of less than average severity, had at frequent intervals a temperature of 108°, 110°, occasionally rising as high as 111°, or over. Relatively to these temperatures, the