

The swelling in all cases came on gradually, but there was no periodicity about the attacks, nor did they begin at any special time; sometimes coming on during the day, sometimes at night.

There was no pain, but only a feeling of stiffness and heaviness over the part affected.

On no occasion were there any purpuric symptoms. A variety of drugs were tried, but no drug seemed to affect the disease in any way.

The pathology of this condition is obscure.

Quinke, quoted by Osler, calls it a vasomotor neurosis, under the influence of which the permeability of the vessels is suddenly increased. Undoubtedly this is what occurs, but a vasomotor neurosis does not take us very far. The old idea of neurotic origin for so many processes, both physiological and pathological, is unsatisfactory when one considers the true origin of certain conditions, which were formerly considered to be of neurotic origin. I may refer to the enlargement of the mammary gland in pregnancy, formerly attributed to a nervous connection between the breast and the uterus, and now proved to be due to a chemical substance derived from the fœtus and placenta (Starling), and to various pigmentations of the skin which occur in disease of various internal organs.

It has been suggested lately also that the absorption of a toxic substance from the alimentary canal is the cause of leucoderma (Evans).

From the similarity of this disease to urticaria and its frequent association with gastro-intestinal disturbance, which facts are commented on by most writers on the subject, one would expect that the disease might be attributable to the absorption of some toxic substance from the alimentary canal.

In this particular instance, however, no such conclusion seems possible, although such a possibility cannot be overlooked, though undetected.

Even if the absorption of a toxic substance be the determining cause of this disease it is difficult to explain satisfactorily why the swelling is so circumscribed; as although the parts selected are as a rule those generally associated with œdematous conditions, the swellings by no means confine themselves to those situations, which, moreover, vary from time to time. In this case the swelling was unilateral in all but one instance.

Finally, I would venture to suggest that the absorption of a toxic substance is a much more logical conclusion to arrive at as the cause of this disease than a vasomotor neurosis; and that the curious selection of varying situations for its manifestations may be attributed to a temporarily lowered or altered resistance in the part attacked, but that until the determining factor in the localization of other diseases with skin manifestations of varying distribution

(for example, leucoderma) be demonstrated, it is impossible to suggest any more definite reason.

A CASE OF SPINAL INJURY.

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COOLY, male, aged 25, admitted to hospital on 2nd February 1907 for spinal injury.

History.—Whilst employed in carrying bags of groundnut on 31st January 1907, one of these bags, weighing over 100lbs., fell on to his back, striking him about the level of 7th cervical vertebra. He was unconscious for one hour, and when he regained consciousness he was unable to move his arms or legs.

State on Admission.—A well-nourished man lying on his back groaning with pain referred to spine on a level with 7th cervical and 1st dorsal vertebra. A close examination of this region failed to detect any deformity or crepitus, but pressure elicited great tenderness over this part. Temperature 97.4. Pulse 64. Respirations 28. The respiration was abdominal in character, but the diaphragm seemed to be doing extra work. There was absolute loss of sensation of lower extremities, body and arms. There was a zone of hyperæsthesia on a level with clavicles in front, and patient said that the pain seemed to radiate out and downwards into the axilla. Sensation above clavicles normal. Total abolition of all reflexes superficial and deep. Paralysis of bladder and rectum. His temperature rose each evening and fell a little in the morning, but on 5th February, 1907, it reached 130°. By this time, in spite of careful catheterisation, he had developed septic cytitis. The urine was alkaline and smelt horribly—huge shreddy sloughs were passed when the bladder was washed out and at times choked the catheter. On 6th morning a Cock's operation was performed without any anæsthetic, local or general, as the parts were quite anæsthetic. The bladder was reached through apex of prostate and a silver female catheter tied in and connected by a rubber tube with a glass jar containing carbolic lotion 1 in 80 beneath the bed. After repeated washings with a warm solution of boracic grs. 10 to 1 oz. the urine began to clear up. His temperature fell at once to normal, and remained so until 21st February 1907. The relief to patient and to those nursing him was immense, and the little operation undoubtedly saved him from kidney trouble, etc. The small wound gave no trouble and remained healthy.

On 8th February 1907, bedsores began to form over sacrum, but they eventually began to heal under careful dressing and use of an air cushion under buttocks.

11th February, 1907.—The cremaster reflex on right side was elicited for the first time. Some sensation in upper part of arms and over thorax. Deep reflexes still absent. Urine clearing up.

15th February, 1907.—Sensation returning—burning sensation over region of bedsores which are showing signs of healing at edges.

17th February, 1907.—Late rigidity begins—arms and legs somewhat rigid and a touch on calf causes contraction of adductors and flexors of thigh. Knee jerks absent; no ankle clonus. Sensation improving; urine much clearer; bladder wound healthy. General progress satisfactory. Temperature normal. Appetite better. In good spirits evidence by talking and laughing.

21st February, 1907.—Late rigidity increasing indicating possibly descending degeneration of cord. Great pain in arms and legs. Evening temperature 103.

22nd February, 1907.—Bowels moved for first time without the aid of an enema. Evening temperature 99.

3rd March, 1907.—Rise of temperature to 101 evening; normal in morning. Rigidity increasing; deep reflexes absent and also superficial except cremaster on right side. Emaciation and wasting of muscles. Urine clear.

4th March, 1907.—Removed by relatives in spite of remonstrances.

Remarks.—The case seems worthy of record, inasmuch as the symptoms pointed to a complete transverse lesion of the cord in spite of the fact that no signs of fracture or dislocation could be found on the most careful examination. The force applied was enormous. Could a heavy bag of over 100lbs. falling from a height on to a person's back in the region of the lower cervical vertebra cause grave injury to the cord, such as hæmorrhage without fracture or dislocation of the spine? The result of Cock's operation was excellent, and it would seem worthy of further trial in such cases.