

A Mirror of Hospital Practice.

CASE OF LANDRY'S PARALYSIS.

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THE following case of the rather rare disease known as Landry's Paralysis may be of interest. I have never seen a case in India before, nor do I remember ever having read of a case in the *Indian Medical Gazette* or other Indian medical paper, nor in the Transactions of the S. I. Branch, British Medical Association. I regret that I am unable to describe the *post-mortem* appearances in this case; as so frequently happens in this country permission could not be obtained to make a *post-mortem*.

Rungasawmy, aged 26 years, was admitted into the Civil Hospital, Secunderabad, on July 12th, 1902. He had served for a couple of years in 5th M. I., but about six months before admission to hospital, had been discharged from the service, as he was unable to march properly and used constantly to fall out on parade, complaining of vague pains and feeling of tingling in his legs and inability to move them properly. After leaving the regiment he took a long rest, the pains and tinglings in his legs became less, and his general condition improved so much, that he thought he was getting quite well. About a month ago, however, he had fever and the pains in his legs returned, and a fortnight before admission he commenced to feel a difficulty in moving his legs freely, they felt heavy, and there was a feeling of pins and needles in his toes and in the soles of his feet. The patient was a well-made powerful looking man, he was married and denied ever having had venereal disease of any kind, he certainly showed no sign of syphilis; there was no old mark of cicatrix on his penis, nor were the inguinal glands on either side enlarged; he was a very intelligent man, gave a very clear account of the commencement of his illness, and seemed to be very anxious about himself. He had a most markedly frightened anxious look. He was brought to hospital in a bullock cart, but was able with assistance to walk into the out-patient building. He could move his legs forward, but from the knees down they dragged behind; the thigh was brought forward steadily but the legs dragged, so that when he attempted to walk his feet scraped along the ground.

As long as his knees were unbent he could stand up, but the moment he bent his knees, he seemed to lose all power of straightening them again, and to save himself from falling down, he clutched at the arms of the two persons supporting him. When lying down, he could pull his legs up but could not raise his heels off the bed; he complained of a heavy feeling in his legs, and a sensation of tingling from the knees downwards. He had complete loss of sensibility in the soles of his feet and as far up as a couple of inches above the ankle joint, above this level he could feel the point of a pair of scissors. There was complete absence of all reflexes superficial and deep,—ankle clonus was absent. There did not seem to be marked wasting of the muscles of the thigh, those of the calves felt soft and flabby. He had complete control over bladder and rectum; he did not complain of any pain and had no fever. His pulse was remarkably quick 130, very irregular and

very weak. Urine was normal in appearance specific gravity 1024, there was neither albumen nor sugar present in it.

He continued in much the same condition for the first few days after admission to hospital, except that the feeling of weight and tingling in his feet gradually ascended till on the 17th July, five days after admission, he had no sensation below the knee. On this date he first complained of the fingers of both hands feeling heavy, he said he could not move his fingers freely, and that both arms felt so heavy that he could with difficulty raise them. On the evening of 17th he had a rather sudden attack of dyspnoea, accompanied by a feeling of tightness across his chest, his pulse became very irregular and so fast that it could with difficulty be counted; his mind remained perfectly clear, and he appeared to realize his condition and to be much alarmed; pupils were normal and reacted to light.

On the 18th he could not grasp anything with his hands and seemed to have completely lost all power in his fingers, he could with difficulty raise his arm a few inches off the bed. He appeared to have lost power over the sphincter, as he passed his motions involuntarily, he still had power over the bladder but passed his urine slowly, the force of the stream of urine was much diminished, the amount of urine secreted was small. During the night of the 18th, he had several attacks of dyspnoea, and on the morning of 19th his respirations were very hurried and shallow, all the auxiliary muscles of respiration were in work; he appeared to be in great distress, but his mind was perfectly clear, diaphragm paralysed.

On the morning of 20th, he had completely lost all power in his arms, urine had to be drawn off; his respirations were still more rapid, and his pulse could not be counted, and was most irregular in spite of the free administration of ammonia digitalis and strychnine; he could swallow only with extreme difficulty, milk and fluid welling up through his nose. He died in the early morning of 21st in an attack of dyspnoea.

Remarks.—The etiology and pathology of this disease is very obscure; exposure to cold, excess in alcohol, zymotic diseases such as small-pox, typhoid or measles, &c., the puerperal state, syphilis, phthisis, septicæmia, all of these diseases and many more have been ascribed as causes. The fact appears to be that nothing is known as to the causation of this disease. Its pathology is as little understood as its causation. In a clinically typical case of the disease, the most carefully conducted microscopical examination has failed to detect the slightest morbid changes in the cord or nerves; in other cases most elaborate morbid changes are described in the peripheral nerves, while the cord has been found to be perfectly healthy; in other cases morbid changes have been described in the cord, while the nerve, trunks and peripheral nerves were normal.

I find that the description of many of the recorded cases vary so much in important particulars that a doubt at once arises if the cases recorded are really cases of the same disease. Many authorities exclude from the list all cases in which sensory symptoms are present, but, as Dr. Judson Bury remarks in Allbutt's System of Medicine, "Surely if Landry's paralysis means anything it means the disease originally described by Landry in which various sensory symptoms were present."

The above case appears to me to be a very typical case of the disease; it differs in some respects from the case recorded by Landry, but has this in common with it, that the actual onset of acute symptoms of paralysis was preceded by various ill-defined symptoms pointing to general impairment of the nervous system. In the case of Sepoy Rungasawmy, this impairment of the general nervous system was evidenced, at first by his inability, for no apparent reason, to keep up with his Regiment on the march, and later on by distinct loss of power in his legs which necessitated his removal from the service. It is also worthy of note that Rungasawmy had fever at the time that the loss of power over his legs first manifested itself. In Landry's case the patient had repeated attacks of fever and numerous illnesses in the twelve months preceding the actual onset of acute paralytic symptoms. These considerations point in my opinion to the possibility of the disease being of microbial origin, something of the nature of hydrophobia where there is sometimes a long incubation period followed by very acute and rapidly fatal nervous symptoms.

In this case the paralytic symptoms were truly ascending—an unusual point was the marked effect on the heart at a very early stage of the acute attack, and the spasmodic dyspnoeal attacks which came on before the arms or respiratory muscles were generally affected.

A CASE OF TETANUS.

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RUKMA BALA, female, aged about 30 years, was admitted into hospital for pain in the abdomen and back with some difficulty in swallowing.

State on admission.—On admission the patient presented the following physical signs:—Her features were set and rigid, the forehead was wrinkled, eyebrows sharply curved, eyelids half open, nasolabial furrows deep and well-marked, angles of the mouth slightly drawn outwards and the teeth clenched. The trunk was fixed and slightly curved resting upon the shoulder blades and buttocks, and the abdominal walls were tense and rigid. The extremities were fixed in an extended position, the fingers being tightly flexed upon the palm. On any slight exertion or disturbance, the patient was seen to pass into a spasm of the whole body, when the appearances noted above were all exaggerated; such spasms, however, often came on at short intervals without any visible disturbing cause.

The patient's body was covered with perspiration and the temperature was normal. The

bowels were, as a rule, constipated, and there was also some difficulty in passing urine voluntarily. The patient could speak but very indistinctly; she was however quite rational.

Diagnosis as to cause.—On a careful examination of the surface of the body all over, no wound or signs of a recent injury could be found; there was not even so much as a scratch to be detected anywhere, save some cracks and fissures in the epidermis of the heels and soles of the feet, which however were only superficial, the like of which are commonly to be met in the natives of this country who walk barefooted. There was no ulceration or soreness of the gums as far as could be made out from a fixed position of the jaws, neither was there any discharge from the ear. That the case was one of tetanus there was no doubt; but how she became infected was a mystery which could not be solved.

Treatment.—The treatment consisted of large doses of bromide and chloral (20 to 25 grains each 4 times in the day), and occasional uses of laxatives to move the bowels. The patient exhibited the characteristic bromide rash on the forehead about a week after the treatment was commenced; but the symptoms also began to yield with it. The number and severity of spasms went on diminishing and patient could also open her mouth a little better. This improvement in the symptoms was steadily maintained, and the patient got perfectly well and left the hospital on the 21st of March.

History.—After the patient was able to speak, the following history of her illness was obtained from her:—

She stated that about a fortnight previous to her admission to the hospital she had some swelling and pain in her gums of the lower jaw, with some swelling also of the glands outside. She then had the gums irritated with her finger-nail once or twice, and in a day or two after this she noticed that she could not open her mouth freely; but this she attributed to the pain and swelling of the gums. The fixity of the jaw, however, went on increasing, and afterwards she also noticed stiffness with pain in her abdominal muscles. She gradually got worse and therefore sought admission into hospital.

Remarks.—The cause was evidently one that some time ago would have been diagnosed as idiopathic tetanus. But the history given by the patient, provided it was correct, went to show that the infection was probably through the gums, which as she said were irritated and made to bleed with her own finger-nail. It might therefore be taken as a further proof, if any be needed at all, to show that even those few cases of tetanus which are supposed to be idiopathic in their origin, have really been caused by traumatism of some kind which has probably passed unnoticed; and that if sufficient care be taken they could ultimately be traced to their proper cause.