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palpable and enormous, that it is impossible, within the limits of an address of this character, to do more than refer to the most outstanding and remarkable—and the ground I have already traversed will probably suffice to give you some idea of the country beyond. To trace philosophically and fully all the circumstances which have led up to and produced the changes herein described, would necessitate a discussion of the growth of our knowledge of physiology and pathology, and it would be difficult to be sure whither such discussion would lead us, and where it would end.

My purpose has been fully served if I have convinced you that, with regard to surgery as with every true science and art, the words of Tennyson may be applied in all their fulness—

“Yet I doubt not, through the ages one *unceasing purpose* runs,
And the thoughts of men are widened with the process of the suns.”

CASE OF MARKED IMPROVEMENT IN GENERAL PARALYSIS, WITH REMARKS ON TREATMENT.

By ALEXANDER ROBERTSON, M.D., F.F.P.S.G.,
Physician to the Royal Infirmary, Glasgow.

THE hopeless feeling that arises in the mind in regard to the future of his patient when the symptoms clearly indicate the presence of general paralysis is only too well known to the experienced practitioner of medicine. Nor will he readily admit that improvement, though it may occur after treatment, is dependent on it, for he knows that temporary lulls in this dread disease of mind and body are by no means rare. Being fully aware of this fact, it is only a thorough conviction that the arrest of the malady for a considerable period was dependent on the treatment adopted which has led me to put the following case on record:—

A. W. J., age 45, sailor, married, admitted into Royal Infirmary on 24th October, 1891. Patient's father died of cancer of the brain; mother lived to a good old age. He has four of a family, all of whom are living, and his wife has had no miscarriages. Until his present illness he was a healthy man, was temperate in alcohol, and denies having had syphilis.

His wife first noticed that he was distinctly ill about nine

months ago. In speaking, he did not pronounce many words properly, and she thought there was something wrong with his tongue. His speech had always been slow, but articulation was correct previously. About a month after this she observed a slight tremor of his hands at meals, and that, when walking, his legs failed him sooner than they should have done. He slept ill at night. During the succeeding interval, before his removal to the Infirmary, his symptoms had not improved; on the contrary, they had become worse.

On admission, patient was seen to be a tall strong-looking man, and apparently in good condition. He had a composed, contented expression, said he was quite well, and did not know why he was brought to the Infirmary. Tested with the dynamometer, the right hand registered 40° on the scale, the left 56° ; previously he was right-handed. Though rather feeble in walking, no special defect was observable. Mentally he was much confused and weak. In conversation he sometimes talked irrelevantly, and appeared to have visual hallucinations, as he said there was a great fire in the air. His whole bearing was childish, and he laughed at the most commonplace remarks. It was difficult to fix his attention, and he did not easily understand what was said to him. There was slight stutter in the pronunciation of words, such as "tolerable, February, constitutional." There was no clear sensory defect of any kind, but he spoke of having a creeping feeling over head. Sight was rather weak; pupils reacted to light and accommodation. Hearing was slightly affected; taste and smell were normal. No defect in organic reflexes. Patellar tendon reflexes were exaggerated. Heart, lungs, and kidneys were free from disease.

He was put on a mixture of potass. iodid. and liq. hydrargyi. perchlor., and on 2nd November a fly-blister was applied to the shaven scalp.

The following entries in the ward journal indicate the after changes in the patient's condition:—

"6th November, 1891—*Note by Dr. Robertson.*—The leading points in this case supporting the diagnosis of general paralysis are the occasional stutter in speech, the weakness in walking, and slight tremor of the upper extremities; the feeble, facile, mental state; and the pleased, contented expression of countenance. He often says he is quite well and strong, but beyond this he has no clear grandiose delusions."

On 25th November a careful re-examination showed no improvement in any respect; on the contrary, the symptoms, pschical and somatic, were rather worse. On this date six

issues, about the size of a shilling each, were established on the scalp over the motor area and a short distance in front of it, by means of potassa fusa. They were afterwards kept discharging by unguent. infus. canthar.

Within a few days there was a very marked improvement in every particular—mental condition, speech, and power of walking. This change for the better continued, and in January I showed the patient to the annual meeting of the West of Scotland Branch of the British Medical Association, where he was examined by experienced specialists in mental disease. He now expressed a wish to return to his employment, and as that was not of such a kind as would in any way strain his mental powers, it was deemed right to give him a trial. He was instructed to maintain the discharge from the six issues, and to return to the Infirmary for examination at the close of each successive month. It was intended to close the issues gradually if the recovery was maintained.

The following entry in the journal shows his progress up to 21st May, 1892:—

Note by Dr. Robertson.—Patient was dismissed on 15th February apparently quite well mentally, though possibly a little facile. However, speech was still occasionally slightly stuttering, and there were also now and again fibrillary movements in the substance of the tongue. His power of walking was apparently fully restored. This is his third visit since he left in February. He has been nearly two months at his occupation as a quay labourer, for which he gets 18s. a week. He states that he feels quite well in all respects. Mentally he is composed and not unduly sanguine. A slight defect in speech is still observable. Six issues, chiefly over the motor convolutions, were discharging at the time he left the hospital, but two of them have now healed up, and the others are contracting.”

Patient was readmitted into hospital on 19th October, 1892. His wife stated that he had been working steadily till the beginning of September, when his mind became gradually more confused. His memory was greatly impaired. He wandered about the house at night, sometimes did not seem to know what he was doing, and was very irritable. On 12th October he had a sudden attack of unconsciousness, in which he fell on his back. As he recovered from it in about a minute, it was probably of an epileptoid nature, shaking of the upper extremities, which was noticed, lending support to this diagnosis.

On looking at the scalp it was found that all the issues had

healed up except two, which discharged only a little. He complained of pain over vertex of the head, and the action of his mind was slow and confused. The only other change was the diminution of the left knee reflex, while the right was still exaggerated.

The issues were again re-established in his scalp, and in about a week they were once more suppurating freely. The improvement in his mental condition was now most striking. He talked sensibly, and was free from confusion. The pain in his head, he said, had ceased. But notwithstanding this restoration to reason and general change for the better, it was clear that he was more facile and childish, and that his whole mental level was lower than when he left the hospital in February. During his after residence there was little further change, though the issues continued to discharge pus; and as he was now too weak in mind to resume work, there was no alternative but the poorhouse, to which he was removed on 25th January, 1893.

Remarks on Treatment.—The treatment of general paralysis by internal medicines is of no use, except in controlling and perhaps, for a time, removing special conditions, congestive, epileptoid, &c., which arise in the course of the disease. Combinations of the iodide of potassium and mercury, such as was given to my patient, are usually prescribed, more particularly where there is a clear history of syphilis, but they do not check its progress. Many other drugs have been tried, but have proved equally futile in their power to influence the morbid process in the nervous system. Some temporary benefit often follows carefully carried out hygienic arrangements, the withdrawal of all possible sources of excitement, and other measures calculated to soothe the excited brain. Counter-irritation in various forms—seton in the neck, blisters to the head, ointment of tartar emetic rubbed into the scalp, an issue in scalp, the liniment of iodine along the spine, and other derivants—has been employed, and in some cases been productive of improvement, though not lasting.

In the case recorded in this paper there can be no reasonable doubt that the issues, as soon as they were actively discharging, were efficacious in removing much of the morbid condition, and in checking the progress of the disease. An ordinary cantharides blister, previously applied, had no beneficial effect; but, as stated, in about eight days after the establishment of the issues, the change for the better was most marked. The writer was more particularly impressed with the improvement that followed the renewal of this treatment on the patient's

readmission, even though he did not recover his previous mental power. It must be admitted there was a serious error committed in permitting the issues to heal up too soon after the primary, almost complete recovery; it would have been well to have kept them discharging for a year before allowing any one of them to close.

There are two points in regard to this method of treatment deserving of special attention. The first is that it need not be tried when the disease is in an advanced stage. In three other patients where the symptoms were more pronounced than in the foregoing case, its application was not followed by distinct benefit. Second, there ought to be a *number* of issues, which may be formed at the same time, or at two or more sittings, and these should be distributed at regular intervals over the area defined in the report of the case. This *distribution* of continuous and prolonged counter-irritation—the element of novelty in the treatment, it may be remarked—is held to be important, and it will be observed that the region of the cortex over which it is applied is where the most decided pathological changes have been found after death, the region where the disease begins in the great majority of cases. Remedial applications ought to be made more especially over the primary seat of the disease, and it is equally incumbent to insist that the powerful agent here recommended should be used in the earliest stage—as soon, in fact, as the diagnosis of general paralysis has been established.

THE PRESENT POSITION OF THE CYSTOSCOPE IN SURGICAL PRACTICE.*

By JAMES H. NICOLL, M.B.,

Dispensary Surgeon, Western Infirmary; Surgeon for Diseases of Urinary Organs, Glasgow Central Dispensary; &c.

MR. PRESIDENT AND GENTLEMEN,—On a former occasion, when bringing under the notice of the Society a specimen from a case where the cystoscope had been of signal service in establishing a diagnosis, I took the opportunity of referring briefly to the present position of the instrument in surgical practice.

At the present time I am frequently asked by medical

* Read before the Glasgow Medico-Chirurgical Society, 3rd November, 1893.