Clinical Notes

ulceration. The ulcers extended throughout the whole length of the large intestines.

Brain. — The brain weighed 3 lbs. 1 oz. The dura mater was adherent on both sides of longitudinal sinus, in post parietal and occipital regions. The surface veins were engorged. Section showed general congestion. In the left lobe of the cerebellum an abscess, the size of a walnut, containing dark-coloured pus, was found.

This is an interesting case of an abscess of cerebellum, secondary to abscess of liver. The abscess of liver was due to dysentery, and, although the autopsy revealed extensive ulceration of large intestines, the symptoms of dysentery during life were not very pronounced. The abscess of liver was probably of old standing, as shown by the containing capsule of fibrous tissue.

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AN UNUSUAL CASE OF MUSCULAR DYSTROPHY.

BY LIEUTENANT W. C. RIVERS.
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PRIVATE R., aged 31, of medium height and build, came to hospital complaining of weakness of the legs, and when one looked at them his calves appeared very thick and the thighs just as thin. Of this condition he gave the following history: Since coming to the station from Poona, seventeen months ago, he had been getting thinner "all over," but especially in the thighs. Some two and a half months back, when his thighs were already unusually small, he noticed a feeling of numbness and loss of power in the legs after standing on parade, while at the same time his calves grew thicker and walking taxed him, particularly when going up steps. He says that the swelling of the calves would subside a little after rest.

The man's family history contained nothing of interest, except that his mother, a field worker, died insane at the age of 45, and with a weakness of the hands, caused, he said, by rheumatism. His medical history sheet showed admissions for gonorrhoea repeatedly, and for chancreid, but there was no mention of syphilis. The above symptoms were the whole of his trouble, the general health remaining good. He was a marksman.

On examination of the nervous and muscular systems the following abnormalities were found:

Motors. — Paresis of all muscles of the legs below the buttocks. This seemed fairly uniform, but the patient himself thought the hamstrings the weakest.

Muscular dystrophy. — Distributed roughly as atrophic in the thighs, and "preliminary-hypertrophic," or more likely "pseudo-hypertrophic," in the lower legs. The measurements were (maximum): Right calf 16, thigh 17½; left 15½, 17¾. His gait is rather shuffling.
Sensory.—Dysesthesia. He complains of a tingling over the back of the calves on getting out of bed in the morning, which disappears later on.

Reflexes.—Superficial, rather active. Deep absent. The ocular reflexes very rapid.

Electrical Reactions.—Not ascertained, as no diagnostic apparatus was available. To a "magneto-electric" machine, however, the enlarged and wasted muscles responded fairly alike, with rather diminished con-
tractions. Stimulation of a subcutaneous nerve trunk produced due contraction of its dependent group of muscles, and there was no loss of electrical sensation.

Treatment, including the administration of mercury, gave no improvement. Three months from the date of first being seen he was just as weak as ever, although, while the thighs remained unaltered, the calves were less by half-an-inch. The case was diagnosed as idiopathic muscular atrophy, or more learnedly, adult symmetrical progressive muscular dystrophy of Erb. The two symptoms above mentioned, which pointed to a local inflammatory process in the lower leg muscles, seemed especially interesting; in fact, the diagnosis was fairly obvious but for two things; for, in the first place, Erb does not mention a pseudo-hypertrophic form of the disease in adults. This man's big calves may have been the result of the hypertrophy of muscular bundles, which is an early stage of the pathological process going on in ordinary idiopathic muscular atrophy; but then, how is their great weakness to be accounted for, and their loss of electrical excitability, as also the statement, if a lay one, that the thighs were never larger than normal? Secondly, text-books seem to agree that muscular dystrophy is very generally found not to co-exist with disease of the nervous system. The claim which this case has to be considered exceptional in this respect rests, of course, on the explanation of absent knee-jerks as due to an interrupted reflex arc, and not to loss of myotatic irritability by wasted extensor muscles.

On both these scores the case seemed worth recording, although possibly a neurologist, with his special clinical experience, might see little about it that was unusual.

For an excellent photograph (in which, for contrast's sake, there figures beside the patient a man of similar size) I have to thank Lieutenant-Colonel Winter, R.A.M.C.

TRANSFUSION.

By CAPTAIN J. C. RUTHERFORD.
Royal Army Medical Corps.

At 7.30 a.m., on the morning of November 1st, I was summoned to the Castle, Cape Town, to see Private M., of the 1st Battalion D.C.L.I., who had attempted to commit suicide. He had made a determined effort, or rather series of efforts, with his razor, and though he had missed the carotids, had succeeded in inflicting six deep irregular gashes in the throat; one incision had gone into the trachea. After inflicting the injuries described, the man had walked up and down the barrack-room and kept off his comrades by striking at them with the razor until he fell exhausted. The wound was packed with gauze and firmly bandaged. The collapse from loss of blood was extreme, he lay pulseless, and it was