DISSEMINATED SCLEROSIS IN THE YOUNG SOLDIER.

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Though a comparatively rare disease in the Army, disseminated sclerosis is one of the affections to be borne in mind when dealing with cases whose symptoms and disabilities may appear to be of functional nature. Hysterical manifestations are perhaps more commonly met with at the present day than was the case before the Great War. The diagnosis between the two diseases (which may also co-exist) is often of considerable difficulty unless special investigations are undertaken.

Recently the writer has been fortunate in meeting with another case of early insular sclerosis in a young soldier, very similar to that reported by him in the Journal of the Royal Army Medical Corps in 1923.

In March last, Signalman — aged 19, 2nd Divisional Signals, was sent for medical opinion as a case of functional paralysis of the right anterior tibial muscles. The history was that in March, 1928, he had undergone an operation for correction of pes cavus. This consisted of transplantation of the tendon of the extensor longus hallucis into the head of the first metatarsal bone. After aseptic healing of the wound, the leg was put up in plaster for three weeks. On removal of the plaster it was noted that foot drop was present and the anterior tibial muscles showed loss of reaction to faradism. After a period out of hospital he was readmitted on October 8, 1928. No improvement in the muscular condition had occurred. "Anaesthesia" of stocking distribution was present in association with markedly increased Achilles jerk on the affected side. Prolonged treatment by massage and electricity effected no improvement.

On examination in March, 1929, the following clinical picture was presented:

Paresis of anterior tibial muscles resulting in foot drop (right).
A stocking distribution of anaesthesia (absent over the internal malleolus).

Reflexes.—Achilles jerk increased.
Babinski left normal. Right doubtful extensor.

No evident inco-ordination of finer movements was present, but a calligraphy test showed tendency to spread in formation of letters towards the end of a sentence. There was no evident alteration in speech, but the patient thought it was "becoming different." There had never been any alteration of vision. Some irregular lateral nystagmoid movements of the eyes were obtained on testing.

A provisional diagnosis of possible disseminated sclerosis was made and the patient sent for detailed examination of the eyes and for examination of the spinal fluid.

The report by the Eye Specialist showed normal fundi, contraction of
right visual field and some irregular nystagmoid movements, increased by repetition of the test.

The report on the cerebro-spinal fluid showed: Negative Wassermann test, normal globulin content and normal cell count (negation of syphilis) with a complete paretic curve to Lange’s colloidal test. The Lange’s figures read 0.0116666666.

The writer wishes to acknowledge the help afforded by Major F. R. B. Skrimshire, R.A.M.C., Ophthalmic Specialist, in the investigation of the case.

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Travel.

AN OFFICER’S IMPRESSION OF THE SUDAN.

By BENEDICT.

The misfortune of a twelve-months’ tour in the Sudan has been exaggerated; when Samuel Johnson wrote the following for Goldsmith he had not been outside England, but it is very true:

“How small of all that human hearts endure,
That part which kings and laws can cause or cure,
Still to ourselves in every place consign’d,
Our own felicity we make or find.”

I have indeed met people who really like the Sudan. It must be admitted that they are men who are wedded to their work, and who are not tempted like many of us by the comforts and distractions and the “happy fellowship” of mixed society. For a man who likes to be on his own and to live his own life, who dislikes any form of restraint (for example that which should be inseparable from feminine society), the Sudan offers a suitable burrow. To the Benedict it can be a sorrowful country, and the impressions it has made on one of them are reduced to words in the hope that they may help some whose tour is yet to come, in suggesting little things which make so much difference.

Nothing can be bought except in Khartoum, where prices are high; local products are difficult to obtain and are, in my opinion, one and all not worth buying. It is a surprisingly poor and unproductive country. On the other hand it should be appreciated that the leisure is beyond price. There is infinite time for reading, writing and sketching, or for learning languages, musical instruments (which must be portable, of course, e.g., the ukelele), rubbing up one’s golf, especially approach-shots. On arrival in Cairo one was surprised to see golfers taking brassies in bunkers, and recovering with clean long shots on to the green; they were all men from the Sudan, I found, for there every course is entirely on sand. And finally, the compensations on one’s return to Egypt that were never before even conceived are positively amazing.