Clinical and other Notes

Corps, the Officer Commanding, Citadel Military Hospital, Cairo, in which
the case occurred, and Colonel J. T. Johnson, D.S.O., Deputy Director of
Medical Services, the British Troops in Egypt, for permission to submit
this article for publication.

A CASE OF MYOTONIA ATROPHICA.

BY CAPTAIN M. R. BURKE,
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PTE. F., aged 22, service ten months and serving in a Highland
Regiment, reported sick at the Regimental Medical Inspection Room,
Kowloon, China, on April 4, 1930.

He stated that through no fault of his own he was often “checked” for
being slow at his drill. He said that when doing arms drill, for example,
his movements were slow, stiff, and awkward at first, but that this stiffness
gradually wore off as the drill proceeded and that he was then able to carry
on in a normal manner. He had noticed this peculiar stiffness for the
past three years.

The man was asked to “shake hands” and the effect was very dramatic,
for when he attempted to release his grip the slow relaxation of the flexors
of the hand, so characteristic of this disease, was at once apparent and the
hand temporally assumed a claw-like appearance, till relaxation became
complete. The time taken for complete relaxation of the grip was about
ten seconds. The procedure of shaking hands was then continued, and it
was observed that on repetition the relaxation of the grip improved, until
finally it took place at a normal rate. He walked with a stiff gait which
gradually wore off on continuing the movements. The flexors of the hand
appeared to be atrophied, but not to any marked degree. No appreciable
atrophy was noticed of the sternomastoid, face, anterior thigh muscles
or the flexors of the ankles.

The knee-jerks were normal; abdominal and pupillary reflexes were
slow; there was no nystagmus.

There were no signs of disease in any of the viscera.
There was no history of any nervous disease in the family.

The man was sent to hospital on May 19 with a provisional diagnosis
of myotonia atrophica.

In hospital it was noticed that he experienced difficulty in relaxing
certain muscles, particularly the flexors of the hands and the sternomastoids;
the trunk muscles were not affected.

He complained of slight stiffness in the legs, wearing off after continued
use, which made him feel unsteady on his legs. There was no pain in any
of his muscles and no muscular atrophy could be discerned except in the
small muscles of the hand. Electrical reactions were normal. Reflexes
and cutaneous sensibility were all normal. The eyes were normal.
Nothing abnormal was found in the urine and faeces. The Wassermann reaction was negative. There was no evidence of neurasthenia or hysteria.

The case was seen by the Honorary Consultant Physician, Professor W. I. Gerrard, O.B.E., M.R.C.P., M.D., who confirmed the diagnosis as a case of myotonia atrophica.

Treatment was carried out on general lines, tonics, liberal diet, etc. Massage was tried, but it was discontinued as it was found to be of no benefit.

Whilst in hospital the patient's condition remained unchanged and it was decided eventually to invalid him home.

Comment.—Myotonia atrophica, although a very rare disease, is of particular interest to the Services on account of the age incidence of onset, i.e., 20 to 30 years, and because it is a condition which might easily be overlooked in a recruit.

Unless the soldier happens to report sick, as in this case, for being slow and awkward in his drill, it might be quite possible for him to serve for a considerable period before the disease would be detected, and during that time he might have disciplinary action taken against him on account of bad drill, awkward gait, etc., when in reality it would be no fault of his.

Myotonia atrophica is a disease which is intermediate in type between Thomsen's disease and the muscular dystrophies, but the latter all commence in childhood and are, therefore unlikely to be met with in the adult soldier.

In conclusion the thanks of the writer are due to Major L. M. Rowlette, D.S.O., M.C., for so kindly furnishing a report on the patient after he had been admitted to hospital, and to Colonel C. D. Myles, O.B.E., A.D.M.S. China Command, for permission to forward these notes for publication.

Echoes of the Past.

THE ARMY MEDICAL SERVICES AT HOME AND ABROAD, 1803-1808.

By Lieutenant-Colonel G. A. Kemphorne, D.S.O.,
Royal Army Medical Corps (R.P.).

(Continued from p. 151.)

Ceylon, 1803-1805.

One of the least attractive military stations at this period was the Island of Ceylon where from 1803 to 1805 the troops were engaged in a series of harassing and unprofitable operations.

Since 1796, when the Dutch settlements on the coast were captured, the Company's troops had occupied Colombo and Trincomalee, but had not penetrated to the centre of the island, which remained under the rule of the King of Kandy. At the Peace of Amiens Ceylon was made a Crown