A HUNDRED AND FIFTY YEARS AGO

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PARALYSIS AS A RESULT OF ALCOHOLIC EXCESS

BY C HANDFIELD JONES, M.D., ETC, ETC

I CLAIM NO LARGE ROLE for alcoholic excess in the causation of paraplegia. But that in some instances the co-existence of alcoholism and paralysis is not merely accidental I entertain very little doubt. I advise practitioners not to exclude too lightly this influence from their list of possible causes.

The case below is one of five cases I have collected in which a more or less marked paralysis has been produced, as I think, by alcoholic excess.

Woman of 42: naturally able and clever

Miss L., age 42, seen December 2nd, 1864. She is naturally possessed of a good deal of ability and cleverness. She has been ill fourteen days after some exposure to cold; her symptoms came on gradually; she first felt stiffness and shooting in the knees.

At present she complains especially of severe pain in the fingers and toes, which is aggravated by hanging them down, the pain is like pins and needles, as if the parts were asleep; they feel to her numb and swollen, but there is no appearance of swelling about them.

No pain is felt above the wrist unless she stretches the arm out, when it becomes severe in the elbow. In the lower limbs the pain extends above the ankles to the knees. She gets no sleep at night from pain in hands and feet. No pain or tenderness in any part of the spine. No pain in head except some about eyes and forehead.

"My report runs: mental and moral faculties much deteriorated, she has become indolent, will not exert herself, has lost her memory, resorts to dishonest means to get gin, but she is able to go out and take walks, and she slept fairly with a small dose of morphia"

If she attempts to stand, she feels as if a heavy weight were fastened to each foot; she totters and can scarcely walk. Her arms also feel very weak. No palsy of sphincters. Is delirious at times, but not the last day or two. Her memory is weak. The expression of her countenance was dull and brutalised.

The urine was deep coloured alkaline, sp.gr. 1,1024, deposited lithates and phosphates, was not albuminous, did not darken at all in colour when boiled with one-fourth its volume of nitric acid.

Tongue over red. Bowels open. Is not thirsty. Pulse about 100, small, not weak. Pupils rather large. Perspires but little.

Has been taking food pretty well until she took to her bed two days ago. Has certainly been taking, for a considerable time, too much liquor, probably gin.

She continued under my observation until March 12th, when my report runs: her mental and moral faculties are much deteriorated, she has become indolent, will not exert herself, has lost her memory, resorts to dishonest means to get gin (money being withheld from her), but she is able to go out and take walks, and she slept fairly with a small dose of morphia. She has been treated chiefly with quinine and other tonics besides morphia.

"This was a very sad case; there can be no doubt that a naturally clever, well conducted, capable, I might say talented female, was utterly degraded and ruined by succumbing to the fatal craving for stimulants induced by the debility and anxiety, the bodily and mental strain, which her condition in life rendered unavoidable"

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It will be observed that the symptoms in this case tended strongly in the direction of paralysis. Sensory, motor, and intellectual centres were all more or less gravely affected. The nutrition of the nervous tissue must undoubtedly have been impaired, but whether the chance had gone so far as to produce demonstrable lesion seems to me doubtful; whether this however, had actually occurred or not, it was certainly imminent.

Treatment of such cases

The only effective treatment of such conditions as these require, of course, the withdrawal of the noxious agent; and the administration of such remedies as may improve the nutrition of nervous tissue, among which may be mentioned cod-oil, hypophosphites, strychnine.

Yet more important, however, is restoring the functional power of the irritated and half-inflamed stomach, so that a due quantity of nourishing food may be taken and digested.

These things being done, and done persistently, recovery is possible, unless, indeed, we have to say sorrowfully as the little maid to Guinevere, "Too late, too late!"

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