Mr President & Gentlemen.

Having been reckless enough to promise at our opening meeting to give the second paper before you during the summer session, and having never had the opportunity or labored under the necessity of reporting either a Surgical or Medical case of any kind thus far I shall be obliged under the circumstances to read to you something which I fear will neither be interesting or profitable, & I would here warn you all against giving a promise without having better ground to hope for its satisfactory fulfilment- than I had.

I shall merely attempt- to give you the history & some of the more prominent-symptoms & general treatment from child-hood of an unfortunate person who received an injury to the spine. or as doubtless you would prefer my saying Vertebral column.

And the only circumstance which leads me to think it will merit your attention is that it was considered of sufficient interest to be brought under the notice of the College of Physicians & Surgeons of Quebec by a former graduate of McGill, one who

took his degree the same year as our worthy Professors of both Medicine & Materia Medica and one who has also won a foremost place in both Medicine & Politics.

A considerable part of this is from memory & therfore may not be as systematically arranged as could be desired. The person came under my notice more especially during the time of my absence from College between 79 & 81 - & from the patient I obtained the following history from memory aided by a few memoranda.

Family hist- J. E. born in Quebec "City" in the year 1839. of healthy parents was a healthy child - Father died at advanced age over 70 - Mother died of Phthisis acuta being brought on by unavoidable exposure. Has one brother one sister alive & well.. one brother one sister died of Phthisis - but both after exposure which might well be called criminal carelessness - but previously to his mothers death there was no proven predisposition to Phthisis in the ~~family~~ her family.

Personal Hist- Was a perfectly healthy child up to 18 months & had ~~learned~~ walked. At this time received an injury by falling from bed in the middle of

the night. "I do not know whether or not the bed was of more than ordinary height". The injury was thought to be of trivial nature, but after a few days the child showing signs of suffering when handled. the late Dr Morin of Quebec was called in to attend the little sufferer. he pronounced it an injury to the Vertebrae & applied some kind of a mechanical apparatus to support the injured spot. From this time there was a steady but slow improvement in the case till the age of 4-5 when he again was able to walk. but there was a deformity of the back which increased with the age of the child & will be afterwards described. At 5 had Scarletina followed by Renal trouble from which a tedious recovery was made. Enjoyed comparatively good health till about 20 was able to attend school &c & fitted himself for a teacher. During this interval the curvature of the spine grew with the growth of the body & when manhood was reached ceased in growth & had become quite strong.

At 20 was taken ill. severe & constant pains & tinding both upwards & down towards the calf of the leg came on. this at first was thought not to have any connection with the spinal trouble & the Patient was treated for Rheumatism was treated with Colchicum pills &c. This began in August. Continued getting worse till July when I was

obliged to go to bed. suffered from excruciating pain in back. legs & attended with spasmodic action of the superior Dorsal & posterior Cervical Colli muscles. was now treated with Setons in the back - blisters & frequent rubbing of back with Turp & Camph Liniment. has a distinct recollection of the spasmodic action of the muscles being lessened by mustard application. after about 3 months in bed pain & disease from softening of the affected Vertebrae which relieved the pressure on the cord. one of the Vertebra having completely disappeared. Now a new set of symptoms came on the pain became pressing & stationary with exacerbations at night situated at the lower part of the Lumbar region. in about 2 years P. began to get better. pain lessened & strength slowly returned. During this time Dr Scott saw the P. & said he would get get-around & was called any thing but complimentary epithets as the Dr who was attending the P had long held the case to be an incurable one & thus illustrating in a very forcible manner the old saying of Drs not agreeing. During the next 4 years there was a slow but gradual improvement & increase in strength & P was once more able to walk after having been confined to bed 4 years. used crutches for a long time Health was now good was quite strong was perfectly able to walk a mile with ease. & with no ill effect from the exertion

About this time Pl began to be troubled with a state of disinclination for movement & an oppressive feeling of weariness. the only objective symp was a continued yawning. This was an examination found to have its origin in a labored condition of the heart arising from pressure upon the lungs. the feeling of weariness gradually wore off, but left the permanent condition of encroachment of the vertebrae on the region of the heart.

This has been a more or less constant symptom ever since & was for years attended with a feeling of suffocation when the P was on the left side but when I last saw him this was not so bad as formerly. for the heart symptoms chloric Ether has been used with success. so far as the oppressiveness is concerned.

About two years after this recovery received a blow on the back from a swinging door on the back which produced quite serious symptoms & which as his Physician said would give him six months in bed. it was treated with hot application principally hot air & was so thoroughly applied that the back was blistered & was some time in healing. but was evidently of service for in 3 weeks he was around again & was apparently none the worse for the injury

But I had nearly forgotten to add that Dr Jennick had given it as his opinion that the heart symptoms needed pressure not on the heart itself but pressure on the nerves supplying the heart; this opinion differs from that of the Patients regular attendant.

In Sept 1880. after having enjoyed good health comparatively speaking for 12-15 years & having rather over exerted himself in nursing a friend through a long & tedious illness beyond full ~~not to count~~ & rather disinclined to exertion. one day while leaning over a window sill looking out was hit in the back by a sofa bolster thrown in fun by a younger member of the family where he resided. this blow slight as it was seems to have destroyed forever any hope of future health & strength for since then the Person has never been able to do the least exertion. This blow was followed by a sickening feeling of weakness & oppression & obliged him to take to bed which has been kept since.

Undoubtly this blow produced & caused

a certain amount of Concussion to the spine already weakened above the curvature by having become carious to a certain extent.

When last seen the P was confined to the bed being unable to stand but could get out on a chair in order to have it arranged. Looks fairly nourished & enjoys considerable ~~health~~ strength. is unable to move the hands at any distance but can help himself to near objects. the pain produced in the back by movement preventing more extensive action.

I was intending giving you a short discription of the deformity. but having lost or not being able to obtain my memoranda of it will be unable. but can only say it begins above near the first Dorsal & ends below near the last. & probably differs in no essential points from an ordinary case of angular curvature.

Now having given you a short & imperfect history I shall merely add for ~~give~~ you a a few points which to my mind are worthy of notice. some being symptoms present in this case not usually present in similar ones. 2dly symptoms usually

present in such or at least sometimes present in such cases but absent here. 1st the apparent total cessation of trouble for a period of fourteen years from 5-19- The return of the old trouble in an aggravated form without any apparent active cause.
The almost complete recovery after being confined to the bed for six years - followed by a period of good health for nearly 20 yrs. & finally the return of the old trouble from so slight a cause - for it must have been slight as the child who flung the cushion was only in his fourth year.

The well known immunity of the cord in these cases is here exemplified in a remarkable degree. & although there has been considerable caries in the vertebrae yet there has never been the least symptom of paralysis of either sensation or motion nor has there at any time been loss of full excitability & complete power over the sphincters has at all times been retained. This immunity of the cord doubtless arises from the slow growth of the deformity thus giving time for the cord to conform itself to the gradual change in the

canal & from the fact that the cord is considerably smaller than the canal.

I must here speak of a very prominent symptom of the case for the last 2 yrs. Immediately after being struck with the cushion dizzy spells would come on with the least motion of the head from the pillow. they would seem as if the P. was just on the verge of unconsciousness & did not lose complete consciousness. would end in a severe pain in the back of the head a feeling as if the head were pressed on an iron ring lying below the occiput the cause of these dizzy turns I am not prepared to say. It has been surmised & the opinion has been advanced by one Medical man that there was a slow & gradual deposition of Tubercle in a not very active stage in the past but whether he connected the two together as cause & effect I am not prepared to say. tute

Pain At first & during the six yrs confinement was situated almost wholly below the deformity commencing at the pelvis & extending down the course of the

nerves & was most intense at the knee
& sole of the foot. This pain was of a
constant character but aggravated by
~~pressure~~ motion, & due in my opinion to
pressure on the cord at or near the
origin of roots of the great sciatic
& crural nerves. With the softening &
disappearance of one of the Lumbar Vertebræ
this pain ceased but now as the
or one of the Dorsal is softening a similar
but less severe pain is experienced in one
of the arms - but as the roots of the Axillary
plexus are given off above the implicated
joint and at a loss to account for
the constant pain experienced. & would
be glad if some one here would be kind
enough to give a satisfactory explanation.
Dropsy
For the last fifteen or twenty yrs
there has been at most times a slightly oedem-
atous condition of the subcutaneous tissue
generally over the body. & has given the
appearance of tolerable plethoness - this
dropsical condition has been quite
amenable to treatment. diuretics being
used - both officinal & non officinal
& have generally given relief -

Mechanical apparatus.
Different kinds of supports have been tried at different times. one made by Gross of this city consisting of a spring steel band resting on the crests of ilia & so forming support by means of crutch pieces under the arms to the shoulders gave partial ease for a time but had to be used so tightly as to be unendurable.
afterwards one was made in New York something the same but was found to be of no avail as the weak spot was thus above the deformity & consequently above the reach of such support.
Plaster jacket was talked of for a time & finally decided that as the weakened joint was so high, that a jacket to be of any service as a support would have to be so high as to interfere with respiration & hence was never applied.
There has never at any time been any signs of abscess & so there may or may not have been pus produced more than was absorbed at the time during the destruction of the vertebrae

if it has ever produced. It is probably encapsuled now in an unpicaled state if none has been produced. It shows the wonderful power of the absorbent system in such cases.

It may here be an interesting fact of no importance clinically however to state that this person has had two Cousins both females not related to each other who have suffered from spinal trouble. one from an injury similar to this & who died under 20 yrs. the other from Spina Bifida & who lived the 36 yrs old.

There
Note in the Case

Thanking you gentlemen for your kind attention I beg leave to conclude