

Adventure XXIII – The Adventure of the Resident Patient



Paul Churchill once quipped he had a hard time studying for Sherlockian quizzes, so inspired by Simon Goodenough's *A Study in Scarlet – A Sherlock Holmes Murder Dossier*, Paul began collecting Canonical artifacts around 1990 to help him remember each story. Over 1,500 artifacts later, Paul's 'Evidence Boxes' became legendary in the Sherlockian world as he displayed them at numerous Scion meetings.

What Paul could not find, he made. He became known as a master forger, and 'created' numerous 'genuine faux' objects, such as letters, documents, and telegrams. Paul was invested in the Baker Street Irregulars in 2006 as "Corot." After Paul's passing, the Evidence Boxes were bequeathed to Watson's Tin Box Scion Society, a Society Paul co-founded in 1989. Debbie Clark has maintained the Boxes and continues the practice of displaying the items from one of the Boxes at each society meeting.

Beth Austin assisted in this effort by photographing, annotating the items, and finding the quotes for many of the items, while Denny Dobry and Rusty Mason supported Paul's efforts by photographing each of the items, as well as developing a comprehensive inventory with notations of item's mentioned in the story. Each of the Boxes is posted with permission of Debbie Clark and Jacquelynn Morris.

THE LANCET.

THE LANCET, July 3, 1886

Clinical Lecture ON ATAXIC PARAPLEGIA.

and other obscure nervous lesions

BY PERCY TREVELYAN, M.D., M.R.C.S.

GENTLEMEN,—As a definite name for a definite disease the term "ataxic paraplegia" is doubtless unfamiliar to you. It is probable, however, that in the course of your clinical work, especially in the out-patient room, you have met with examples of the malady, and it is not improbable that you have been puzzled by its somewhat anomalous features. The disease is, indeed, by no means rare. It is a somewhat common form of chronic palsy of the legs. We have now in the wards two well-marked cases, which afford us a good illustration of its character and course. Although it is not a rare disease, you will find little about it in text-books. In text-books of general medicine you will probably find nothing; in works on diseases of the nervous system you may find some mention of it as the manifestation of combined sclerosis of the lateral and posterior columns, perhaps as a variety of locomotor ataxy or of spastic paraplegia. But the manifestations of the disease are so definite that it deserves separate description. The account I am about to give you is founded chiefly on a series of cases that have come under my own observation, of which the symptoms were uniform and characteristic. We shall see that there are reasons which make it desirable to call it by a name that is founded on its clinical characters, rather than on the pathological lesion that underlies these characters.

Of the two cases that are before you one is a man and the other is a woman. Thus the disease occurs in each sex, but it is much more frequent in men than in women. It is a disease chiefly of the middle period of adult life, beginning commonly between the ages of thirty and forty-five; the first symptoms occurred in the man at forty-one, in the woman at thirty-two. The earliest case I have known commenced at nineteen, the latest at fifty-five. Neurotic heredity is rare; it is to be traced only in a tenth of the cases, and is absent in both the patients before you. In neither of them is there a history of syphilis, and in this respect also they illustrate the common rule. It is as rare to have a history of constitutional syphilis in the subjects of ataxic paraplegia as it is common to have such a history in the subjects of pure locomotor ataxy. Among exciting causes, exposure to cold can be traced in some as a probable influence. In one young lady the first symptoms succeeded a season of balls, at which, when heated, she was in the habit of cooling herself at open windows, and, on reaching home, would often throw herself on the bed and sleep through the night or the morning in clothes saturated with perspiration. Mental distress and anxiety, especially coupled with over-exertion, have been the apparent cause in some cases. This woman noticed the first symptoms after the death of her mistress, whom she had nursed through a long and anxious illness. Rarely, a severe concussion of the spine has occurred some months before the onset. A concussion may induce paraplegia by actual injury, probably

with difficulty, and it is now eleven years since he could last say that he was well. The woman's symptoms commenced seven years ago, but it was only at Christmas last that she took to her bed. In very rare cases the onset has been less chronic, almost subacute, and the symptoms have attained a considerable degree of intensity in a few months. The first manifestation of the disease in almost all cases is in the legs, and the symptoms may remain limited to them throughout, or, as in these patients, may afterwards invade the arms in various degrees. The characteristic feature of the disease is a slow and simultaneous development of two symptoms—defect of power and defect of coördination, weakness and ataxy. The patient at first finds that he tires more readily than before; he is glad to ride distances which before it was a pleasure to him to walk. The clinical clerk who took this man's history has recognised the fact by noting as the earliest symptom "a tendency to frequent use of twopenny busses." As soon as the patient is conscious of weakness, he is conscious also of some unsteadiness. He notices it when he turns suddenly, when he walks in the dark or on an uneven pavement, or when, in order to wash his face, he shuts his eyes and bends forward. There are no pains in the legs. They may ache a little after walking, but there are scarcely ever the sharp pains which, as you know, are so common in tabes. There is sometimes a little dull pain in the back, and not unfrequently there is a good deal of aching pain in the sacral region, but that is all. The motor symptoms slowly increase. If you then see the patient, you will find distinct loss of power in the legs. You may, indeed, not discover it at first, for the patient as he sits may extend his legs with force; but if you carefully examine, as you should do, the power of each set of muscles, you will find that the flexors are distinctly weak, the flexors of the hip especially, the flexors of the knee in less degree. The fact of the defect is often, as it were, emphasised by being greater in one leg than in the other. But if you have often to search for the weakness, it is not so with the incoördination which usually obtrudes itself upon your notice. The patient's gait is distinctly unsteady; if he turns quickly he reels, and has to bring his foot suddenly to the ground to maintain his equilibrium and to save himself from falling. It may be impossible for him to stand with his feet together and eyes closed, and even with open eyes he oscillates, and the irregularity of the muscular contractions is shown, if the feet are bare, by the quick movement of the tendons on the dorsum of the foot. The incoördination may resemble perfectly that of many cases of tabes, although there is not the "high action" of the legs sometimes present in the latter disease. I have admitted this man into the hospital as an illustrative case, because he has been under my observation for many years, and I have been able to watch the slow course of his symptoms. It is now eight years since I first saw him, and at that time his gait was exactly like that of most tabetic patients. I remember often asking a student from what the man appeared to be suffering, and the answer always was "locomotor ataxy." This ataxy is not confined to locomotion. It is equally evident in the irregular movement of the leg, if, as the patient lies, he attempts to touch some object when his eyes are closed. If you should come to the conclusion that such a patient is suffering from locomotor ataxy, and proceed to confirm your diagnosis by testing the knee-jerk, you will discover at once the anomalous feature of the case. Instead of being lost, the knee-jerk is increased, and you are able without difficulty to obtain a foot clonus.

Pictured is an issue of *The Lancet*, July 3, 1886, containing an article called "Ataxic Paraplegia and other obscure nervous lesions" by Percy Trevelyan.

From the story:

'Are you not the author of a monograph upon obscure nervous lesions?'

I asked.

The
Bruce Pinkerton
Award

for
1886

is hereby presented to

Percy Trevelyan,

in recognition of his outstanding work in the field of

RESEARCH INTO THE
PATHOLOGY
OF CATALEPSY AND OTHER
OBSCURE
NERVOUS LESIONS

*Presented by the faculty of the University of London and the Board of
Examiners of the Bruce Pinkerton Award and Medal Committee*

London, 17 June 1886



Pictured is the Bruce Pinkerton award and medal issued to Percy Trevelyan for his monograph on nervous lesions.

From the story:

‘I was fortunate enough to excite considerable interest by my research into the pathology of catalepsy, and finally to win the Bruce Pinkerton prize and medal by the monograph on nervous lesions to which your friend has just alluded.’



Doctor Percy Trevelyan
403 Brook Street
London W1

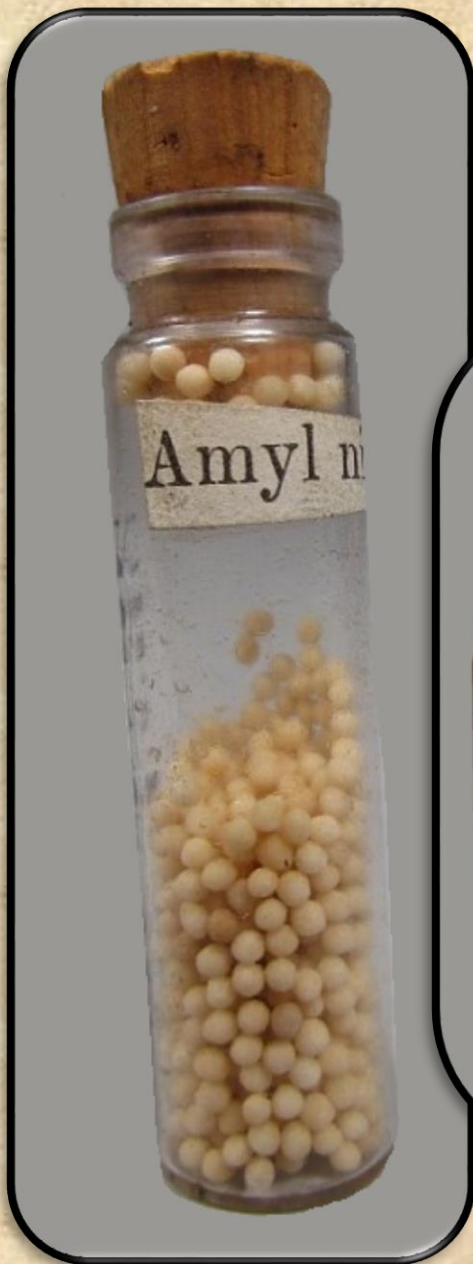
A Russian nobleman who is now resident in England would be glad to avail himself of the professional assistance of Dr. Percy Trevelyan. He has been for some years a victim of cataleptic attacks, on which, as is well known, Dr. Trevelyan is an authority. He proposes to call at about a quarter-past six to-morrow evening, if Dr. Trevelyan will make it convenient to be at home.

Pictured is the note Percy Trevelyan received indicating a Russian nobleman would be visiting him for a medical consultation.

From the story:

‘What happened was this. Two days ago I received the letter which I now read to you. Neither address nor date is attached to it.’

‘A Russian nobleman who is now resident in England,’ it runs, ‘would be glad to avail himself of the professional assistance of Dr Percy Trevelyan.’



Pictured is the bottle of amyl nitrite which Trevelyan used to treat the phony Russian nobleman with.

From the story:

'I had obtained good results in such cases by the inhalation of nitrite of amyl, and the present seemed an admirable opportunity of testing its virtues. The bottle was downstairs in my laboratory, so, leaving my patient seated in his chair, I ran down to get it.'

Percy Trevelyan, M.D., M.R.C.S.
403 Brook Street, London W1

Reg. No. 6962

Patient's Name

Igor Sonavitch

R

Nitrite of Amyl
4 gtt f.i.d.
whole

Percy Trevelyan M.D.

Specialising in nervous diseases

Pictured is the prescription form from Dr Trevelyan to Igor Sonavitch for nitrite of amyl, as Trevelyan believed it would help with seizures.

From the story:

'I had obtained good results in such cases by the inhalation of nitrite of amyl, and the present seemed an admirable opportunity of testing its virtues. The bottle was downstairs in my laboratory, so, leaving my patient seated in his chair, I ran down to get it.'

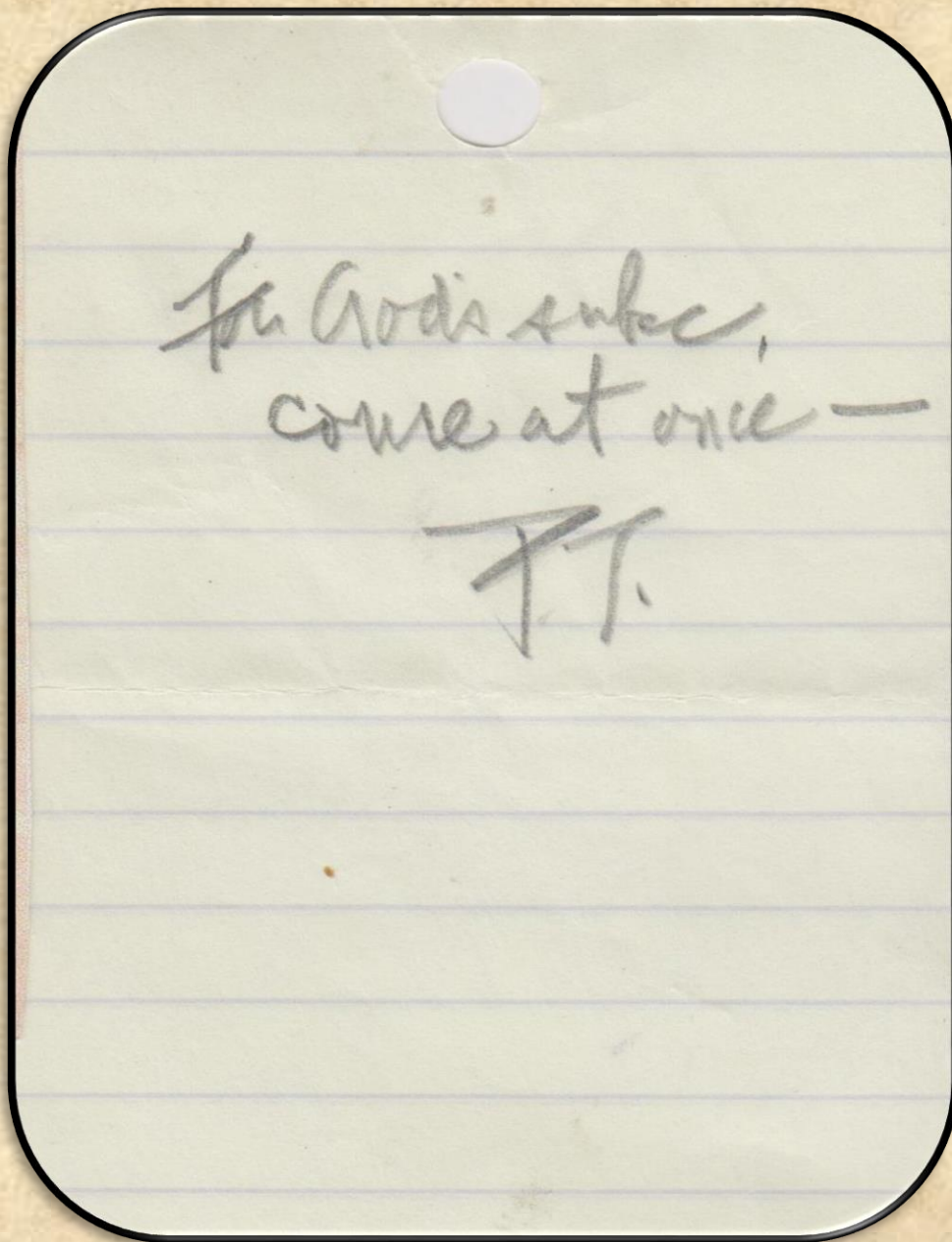
'For half an hour or so I discussed the old gentleman's symptoms with him, and then, having prescribed for him, I saw him go off on the arm of his son.'



Pictured is the pistol Blessington pointed toward Holmes and Watson when Trevelyan brought them to Blessington's rooms.

From the story:

'I have a pistol,' it cried; 'I give you my word that I'll fire if you come any nearer.' In his hand he held a pistol, but he thrust it into his pocket as we advanced.



Pictured is the note Percy Trevelyan sent to Holmes asking him to come to the residence once Blessington's body was found.

From the story:

'Tragic but ambiguous,' said he, pulling up the blind. 'Look at this - a sheet from a notebook with 'For God's sake, come at once - P. T.' scrawled upon it in pencil. Our friend the doctor was hard put to it when he wrote this. Come along, my dear fellow, for it's an urgent call.'



Pictured is Blessington's cigar pouch, which held his cigars.

From the story:

'Here are four cigar ends that I picked out of the fireplace.'

'Hum!' said Holmes. 'Have you got his cigar-holder?'

'No, I have seen none.'

'His cigar-case, then?'

'Yes, it was in his coat pocket.'

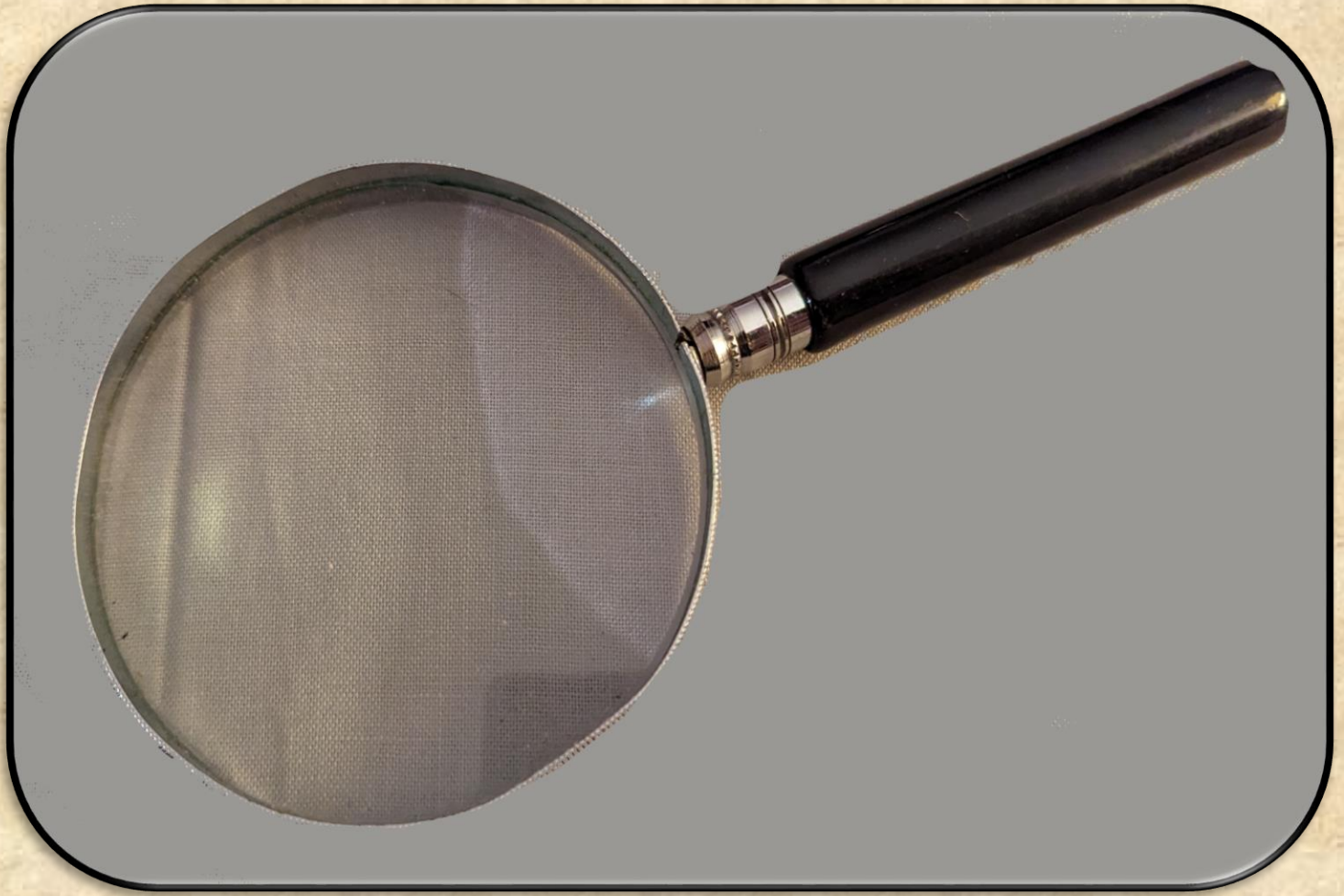


Pictured are the two cigars Holmes found in Blessington's cigar case, as well as the cigar stubs the inspector found in the fireplace. Holmes was able to deduce there were others in the room based on the stubs.

From the story:

Holmes opened it and smelled the single cigar which it contained.

'Oh, this is a Havana, and these others are cigars of the peculiar sort which are imported by the Dutch from their East Indian colonies. They are usually wrapped in straw, you know, and are thinner for their length than any other brand.' He picked up the four ends and examined them with his pocket lens.



Pictured is the magnifying glass, or lens, Holmes used to examine Blessington's room, including the cigar butts found in the fireplace.

From the story:

He picked up the four ends and examined them with his pocket lens.



Pictured is the key which was on the inside lock of Blessington's room, which Holmes inspected and determined the murderers used a wire to get around the key.

From the story:

He went over to the door, and turning the lock he examined it in his methodical fashion. Then he took out the key, which was on the inside, and inspected that also.



Pictured is the photo of Blessington which Holmes found on the mantelpiece of Blessington's room, and took it with him.

From the story:

'Yes, the actual facts are very plain, and I shall be surprised if by the afternoon I cannot give you the reasons for them as well. I will take this photograph of Blessington which I see upon the mantelpiece, as it may help me in my inquiries.'



Pictured is a screwdriver and screws left behind by the Worthingdon gang. Holmes deduced they were going to use these to help set a block and tackle for hanging Blessington.

From the story:

‘Found a screwdriver and some screws on the wash-hand stand.’

‘That screwdriver and those screws were, as I conceive, for fixing it up.’



Pictured is the block & tackle, as well as the noose, used by the Worthingdon gang to hang Blessington in his rooms.

From the story:

‘The matter was so prearranged that it is my belief that they brought with them some sort of block or pulley which might serve as a gallows.’



Pictured is the hook, which was attached to the ceiling, which members of the Worthingdon gang used to assist in hanging Blessington.

From the story:

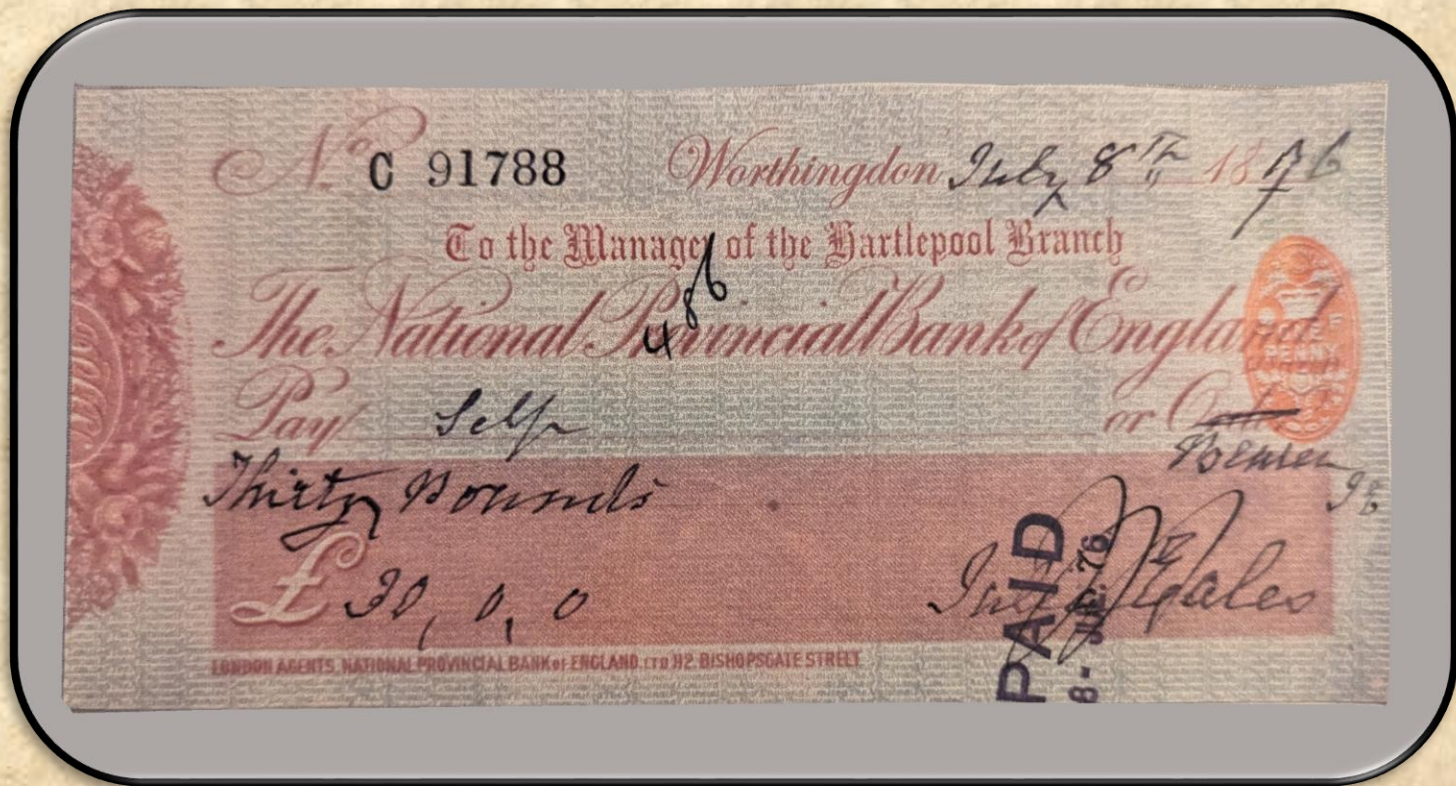
‘That screwdriver and those screws were, as I conceive, for fixing it up. Seeing the hook, however, they naturally saved themselves the trouble.’



Pictured is the bag the five robbers used to carry the money they stole from Worthingdon bank.

From the story:

'You must surely remember the great Worthingdon bank business,' said Holmes; 'five men were in it, these four and a fifth called Cartwright. Tobin, the caretaker, was murdered, and the thieves got away with seven thousand pounds.'



Pictured is a cheque drawn from Worthingdon Bank for the amount of 30 pounds.

From the story:

'You must surely remember the great Worthingdon bank business,' said Holmes; 'five men were in it, these four and a fifth called Cartwright. Tobin, the caretaker, was murdered, and the thieves got away with seven thousand pounds.'

Additional items of interest
in “The Adventure of the
Resident Patient” not
included in the original
Evidence Box.



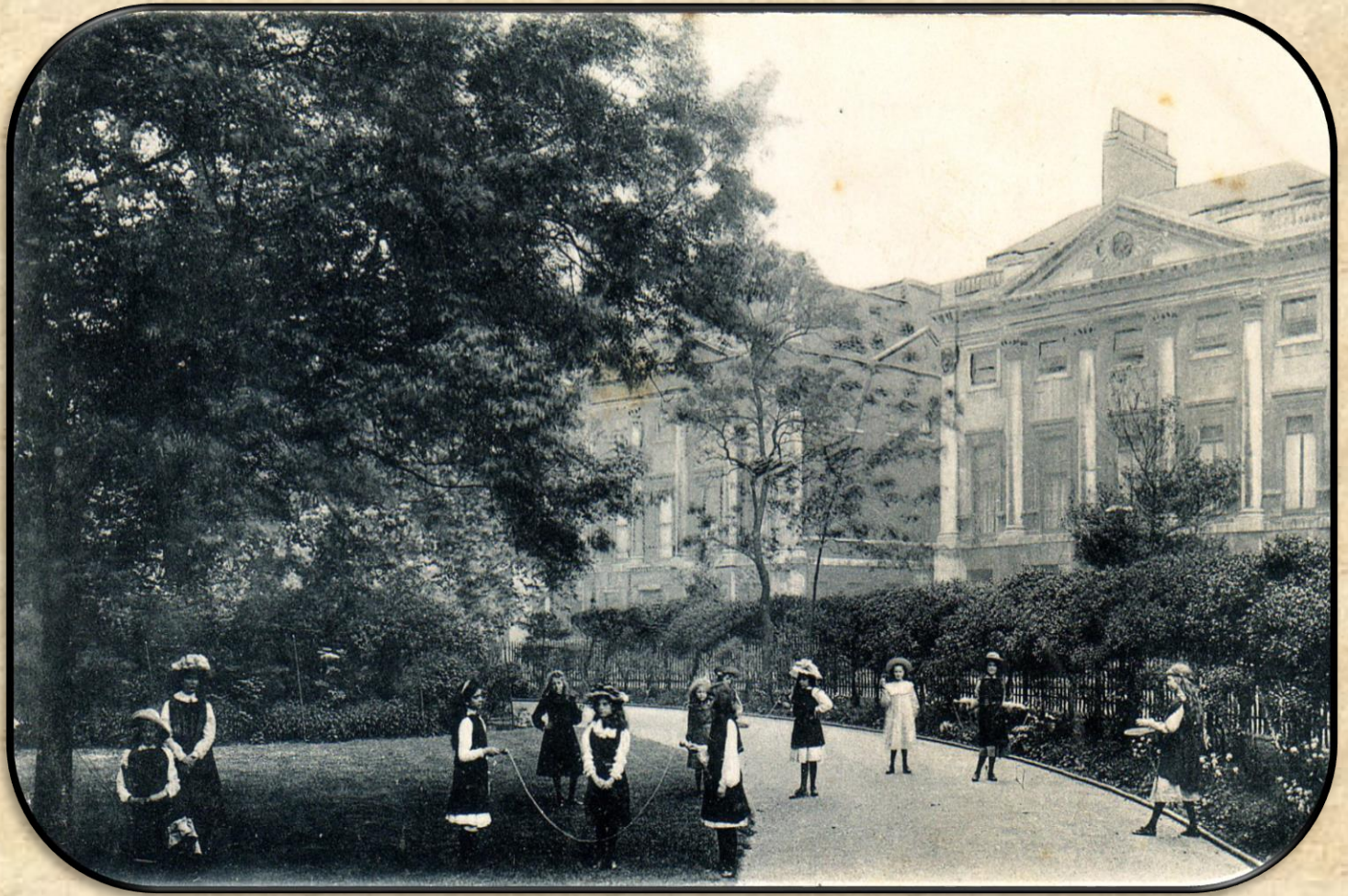
Pictured is the candle which Holmes noted had burned little, indicating Trevelyan had not waited long for them.

From the story:

‘Good evening, Doctor,’ said Holmes, cheerily; ‘I am glad to see that you have only been waiting a very few minutes.’

‘You spoke to my coachman, then?’

‘No, it was the candle on the side-table that told me.’



Pictured is a postal card of Cavendish Square in London, where many practicing doctors are located.

From the story:

‘As you will readily understand, a specialist who aims high is compelled to start in one of a dozen streets in the Cavendish Square quarter, all of which entail enormous rents and furnishing expenses.’



Pictured is a postal card for King's College Hospital, opened in 1840. Percy Trevelyan worked there before Blessington hired him.

From the story:

'After I had graduated I continued to devote myself to research, occupying a minor position in King's College Hospital, and I was fortunate enough to excite considerable interest by my research into the pathology of catalepsy...'



Pictured is the pay received by Trevelyan each evening from Blessington, based on the guineas he earned during the day.

From the story:

‘Every evening at the same hour he walked into the consulting-room, examined the books, put down five and threepence for every guinea that I had earned.’



Pictured is the large, dark box at the end of Blessington's bed, in which he kept all of his funds, as he did not trust banks.

From the story:

'You see that,' said he, pointing to a big black box at the end of his bed. '...I don't believe in bankers... Between ourselves, what little I have is in that box, so you can understand what it means to me when unknown people force themselves into my rooms.'