Clinical Observations

ON

A CASE OF CLOT IN THE CEREBELLUM.

OCCURRING AT ST. MARY'S HOSPITAL.

BY

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I BELIEVE that the following case presents features sufficiently infrequent and instructive to deserve record. The young woman was sent into the Hospital by an able practitioner in the neighbourhood, Mr. Walker; who finding, very justly, an anomalous set of symptoms in the case, and feeling assured that they indicated graver disease than was palpable to view, urged the patient to be taken into the house without delay. She had been under his care a week, with apparent hemicrania.

The case is drawn up by Mr. Morgan, clinical clerk, who, with Mr. Chisholm, one of the house-surgeons, had the immediate charge of the young woman during the short period she lived.

CASE. Mary Ann White, aged 21, servant, admitted under Dr. Alderson, February 8th, 1861. A fortnight ago, without any apparent cause, she was suddenly attacked with extreme pain over the lower portion of the occipital bone. The pain was accompanied by bilious vomiting, which, during the first few days, was nearly incessant, both by day and night. The pain at the back of her head has continued ever since; and during the last few days has been getting worse. The vomiting, though less severe than during the commencement of the attack, has come on to some extent every day.

The patient appears to be in intense pain, and constantly keeps up a half-suppressed moan. She is unable to take any food. The bowels are natural; pulse 64; skin sometimes hot and dry, sometimes cold; tongue furred. The pupils contract naturally; and are not unusually either contracted or dilated. Sensation and motion are both quite perfect. There is no hemiplegia nor paraplegia. The mind is quite unaffected. She describes the pain as intense, and as if a hole were being bored at the back of her head.

From the time this report was taken till her death, about twelve hours later, no change occurred.

MORBID APPEARANCES. The dura mater was healthy. The surface of the hemispheres presented the usual degree of vascularity; they seemed to bulge somewhat, and the convolutions appeared slightly flattened. The substance of the brain was of normal consistence; a little whiter perhaps than usual. The ventricles were much distended, containing about two ounces of clear colourless serum. There was no softening at any part of the walls of the ventricle, nor any unusual vascularity. When the encephalon was removed from the cranial cavity, the left side of the cerebellum was noticed to be rather large, and to the touch it felt soft. An incision was made into its under surface along the centre of the middle crus cerebelli, from the pons to the outer border of the left lobe, and a clot of blood was exposed at the anterior and internal part of the lobe. The clot appeared to be of considerable size. It was black and soft. The sides of the cavity in which it was lodged

were smooth and of a pink colour. There was staining of the dura mater in the cerebellar fossa, but none of the extravasated blood had escaped from the cerebellum. The other viscera were healthy.

It will be seen that there was a total absence of all the symptoms usually attributed to the presence of a clot in the brain, and to effusion within the ventricles.

There was no loss of power either of motion or of sensation; no stertorous breathing; no loss of consciousness. The pupils of the eyes were quite normal, and there was no intolerance of light or sound until the day on which she died. The pulse was below the natural standard; but there was a slight hesitation in the beat which *approached* to irregularity. Within an hour of her death she got out of bed without any assistance, and within a couple of hours of it asked me if she might have her "tea as often as she liked, as it was the only thing she *really enjoyed*."

Considering these symptoms of fixed pain confined to a spot in the left occiput; the vomiting; the plaintive voice and the slight hesitation in a slow pulse; there was a certain amount of evidence on which to predicate the grave nature of the disease, and even the precise locality of the lesion, although not sufficient to determine the existence of a clot.

We must suppose that, in this case, the blood had been poured out slowly—that it had oozed out in fact—so as to give time to the system to accommodate itself to the presence of extravasated fluid; of this accommodation by time, we have numerous instances. In phthisis, for example, the whole of the lungs almost may be destroyed as breathing organs, with scarcely any apparent interference with the function of respiration; whilst, in pneumonia, one-fourth part of such interference would shortly destroy life.

Dr. Brown-Séquard, in his Gulstonian Lectures, lately given at the College of Physicians, has said that there is no symptom during life proper to disease of the cerebellum, by which an infallible diagnosis of the nature of the lesion can be made; and he hence infers that we know nothing of the functions of that organ. Abercrombie has given several cases of disease in the cerebellum with extravasation of blood, in which no symptom is detailed beyond fixed pain in some particular part of the occiput accompanied by vomiting.*

This case, then, may be received as an instance attesting the soundness of Dr. Brown-Séquard's newly promulgated views, shewing, as it does, that a large clot of blood may be present in the cerebellum without the display of any of those symptoms which are usually understood to be necessary in order to mark the existence of pressure on the brain.

* In one of these cases the pain was intermitting, and came on at a particular time in the day, simulating hemicrania.