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CASES AND NOTES FROM HOSPITAL AND PRIVATE PRACTICE.

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(Continued from page 732 of last volume.)

CASE VI.

SPINAL MENINGITIS; RECOVERY.

T. C., aged 9, came under my care in conjunction with that of his usual medical attendant, June 7th, 1845. The previous history of this patient was extremely limited and unsatisfactory; all that could be elicited from his friends was, that he had accidentally fallen into a cellar, nine months previously, from which, however, he perfectly recovered, and had since been at school and in good health. His present attack, which had commenced two or three weeks prior to my seeing him, appeared to indicate chiefly a deranged state of the digestive organs, with nervous irritability, accompanied by erratic pains in the trunk and extremities. His countenance is now anxious, and indicative of great distress; pulse 85; tongue clean; complete anorexia; bowels obstinately confined; evacuations fœtid and unhealthy; urine contains a copious deposit of lithate of ammonia. Complains of pain over the entire cardiac region, greatly increased by pressure; impulse of the heart abrupt; giving rise to a sound slightly resembling the crackling of parchment. (I was unable to detect this sound after the first examination, the action of the heart having become less irritable.)

Ordered a blister over the heart; saline medicine; and three grains of mercury with chalk, every six hours.

June 9th. The pain has entirely left the heart, and is now located with equal severity in the throat, which part he grasps with considerable firmness; there is pain also excited by pressure on the abdomen. On examining the spine, great pain was found to obtain on pressure over the lower cervical and upper dorsal vertebrae.

Eight leeches to be applied to the spine. To take two grains of calomel every four hours.

11th. Pain has left the throat, and is again situated over the heart; pulse 90; respiration performed irregularly, and with frequent deeply drawn sighs; bowels remain obstinately confined; aperient medicine taken without effect; refuses food.

Continue the calomel. One drachm of strong mercurial ointment to be rubbed into the axilla night and morning.

15th. Remains much in the same state; pulse 100,

small and irritable; pressure on the chest and abdomen excites considerable pain; gums not affected by the mercury.

Calomel to be continued every two hours.

19th. Sighing continues; pulse 108; positively refuses to take food; has swallowed only a little cold water, and a small quantity of beer; bowels once relieved; evacuations dark and very fœtid.

Continue the calomel every two hours.

21st. Has to day taken a very small quantity of broth; in other respects the same.

Continue the calomel and inunction.

25th. Has been much depressed, and thought to be dying; gums swollen; mercurial fœtor evident; pulse 98; eyes closed; pupils dilated, scarcely sensible to light; continued jactitation of the fore-arm; bowels have not been relieved, neither has he taken food since the 21st.

Blister to the nape of the neck; calomel night and morning; injection of strong beef-tea every four hours.

28th. Mercurial action continues, with slight ptialism; has been much convulsed; eyes closed; pupils less dilated; complains of great pain over the heart and epigastrium; bowels once moved; evacuation dark, very fœtid, and unhealthy; pulse 100, of moderate strength; no food taken by the mouth.

Injections to be continued.

July 3rd. The exhibition of the injections now produces so much apparent pain and distress that they have been discontinued; has taken a small quantity of lemonade; eyes half closed; tetanic rigidity of the muscles of the neck; head drawn back, and resting on the occiput; mouth open, which he has not the power of closing.

Neck to be enveloped in lint, saturated with warm laudanum.

5th. Mouth now closed; muscles of the neck less rigid; is still at times much convulsed; emaciation extreme; great general sensitiveness of surface; suffers apparently acute pain in the neck; pulse 110; has taken a small quantity of milk; mercurial action continues.

7th. Bowels relieved; evacuations still dark and fœtid; again refuses food.

14th. Has taken no food since the 7th; neither have the bowels been relieved; emaciated to the utmost possible extent.

17th. Has requested to have some cherries, of which he ate two pounds in the course of the day.

19th. Better; bowels have been three times relieved; has eaten a small piece of mutton.

22nd. Pulse very quick and small, 130; in other respects improved; evacuations more natural; rigidity of cervical muscles continues.

August 11th. Can now move the neck, but is unable to protrude the tongue, or raise the eye-lids; bowels act daily; appetite capricious; pulse 120, small; his mother says that he has not slept for a month? (Of the accuracy of this statement I must confess that I am disposed to be somewhat sceptical.)

September 11th. Is decidedly improved; is still unable to protrude the tongue, or raise the eye-lids; bowels confined; appetite good; abnormal sensibility of general surface continues; has gained flesh.

To take six grains of the ammonio-tartrate of iron three times a day.

18th. Improving in every respect.

28th. Has an attack of acute bronchitis, with severe and continued cough; bowels more regular; appetite moderate.

To take one sixth of a grain of tartar emetic every four hours.

On the removal of the bronchitis the patient progressively and rapidly improved. He is now quite recovered, and takes daily exercise.

In reporting the above case, I have intentionally avoided trusting in any degree to memory, and have adhered strictly to the notes made at the time. This circumstance will explain the apparently long intervals which obtain between the dates of the report, as well as the possible omission of a few collateral but unimportant phenomena.

Cases of idiopathic inflammation of the membranes of the spinal cord are not common. In the present instance, although the symptoms at the commencement of the disease were obscure, as the affection advanced, the true nature of the lesion speedily became apparent. This was more especially evidenced by the presence of intense pain situated in the spine, increased by percussion, and extending with a sensation of constriction to the trunk and extremities; by the rigidity and tetanic contraction of the muscles of the neck; by the violent spasms, and convulsions, with difficult deglutition, and apparent sense of suffocation; by the obstinate constipation, and, lastly, by the greatly exalted sensibility of the surface. Retention of urine not unfrequently occurs in this affection, but in the present case, the power of emptying the bladder was unimpaired.

In the event of paralysis, obtaining in addition to the above symptoms, the implication of the substance of the cord may be suspected. From pathological deductions made from the fatal cases published, it would appear, that while tetanic rigidity and exalted sensibility become the diagnostic signs of inflammation of the membranes, so paralysis, with more frequently diminished sensibility, are indicative of inflammation of the substance of the cord. Pain is common to both, but most intense in the meningeal inflammation.

Patients subject to rheumatism are more particularly predisposed to spinal meningitis, but in the case under consideration, neither the patient nor his friends had at any time suffered from that disease. The fine crackling sound heard over the heart on the first day of examination, was evidently a modification of the attrition murmur, and generated, I imagine, by the very irritable and forcible impulse of the heart, (the

cavities of which were probably unusually distended with blood,) against the contiguous costal pleura.

This case offers a striking instance of the value of nutritive enemata, in cases of prolonged disease, in which the patient for a time is unable to take nourishment by the mouth. This practice is not, I believe, sufficiently adopted in this country; in cases of exhaustion, and more especially in cerebral affections of children, the recourse to enemata of *strong* beef tea, to which, if necessary, stimuli may be added, will, as I have occasionally witnessed, prove the means of saving the patient's life.

CASE VII.

APoplexy, WITH HEMIPLEGIA OF THE RIGHT SIDE; EXTENSIVE RAMOLLISSEMENT, WITH EFFUSION OF BLOOD INTO THE LEFT HEMISPHERE.

The patient, aged 50, of thin spare habit, by occupation a carter, was found lying against his stable door in a fit of apoplexy, about six o'clock on Thursday morning, October 9th, 1845. His watch, which had fallen from his pocket, was lying by his side, and had stopped at five o'clock.

When first seen, the surface was pale and cold, and bedewed with perspiration; he was comatose; the eyes half closed; pupils contracted, and insensible to light; mouth drawn to the left side; right arm and leg paralytic, and insensible; extremities of the left side slightly convulsed; considerable difficulty of swallowing, with inability to protrude the tongue; pulse 50, small and hard. The bowels were freely, though unconsciously relieved; evacuations dark, and pitch-like; urine passed involuntarily; he yawned repeatedly. He was bled to ten ounces, after which the pulse rose to between 70 and 80, and became soft. Leeches were applied to the temples, and calomel, and a turpentine enema administered.

I saw him with his medical attendant on the following day, October 10th. It appeared on enquiry, that for about a fortnight previous to this seizure, he had been more or less drowsy, often falling asleep before his dinner, but in other respects he did not appear ill. He had been a remarkably temperate man. The day preceding the attack he was in unusually good spirits, having unexpectedly received a small sum of money. Countenance sallow; pupils contracted, uninfluenced by light; is apparently quite insensible when spoken to; is unable to swallow, or protrude the tongue; yawns frequently; right arm bent over the chest, both it and the right leg paralytic, and insensible; almost constant jactitation of the left arm; pulse 80, soft, and compressible; bowels have been freely relieved; dejections and urine passed involuntarily.

He has a blister on the nape of the neck. To take two grains of calomel every three hours. An enema of strong beef tea to be administered every four hours.

October 11th. No change. Pulse 86, of moderate strength; pupils now contract under the stimulus of light; urine and feces still passed involuntarily, the latter dark, and pitch-like.

Continue the calomel. Head to be shaved. Ten leeches to be applied to the temples, and a blister to the vertex.

12th. Remains in the same state. Can now swallow a small quantity of fluid, but is now evidently weaker.

Enemata to be continued. To take five grains of the sesquicarbonate of ammonia in beef tea, every four hours.

The coma continued to the last, and he died on the following morning at six o'clock, ninety-six hours from the period of attack.

Inspection thirty hours after death.—Head well formed; cranial bones thin; dura mater slightly injected; vessels of pia mater extremely turgid; substance of the brain generally bloodless. The interior of the left hemisphere was completely softened, breaking down on the slightest pressure; the left ventricle, which was partially obliterated, was filled with semi-fluid blood, which extended into the third and fourth ventricles, as well as occupying a cavity, the size of a nutmeg, in the anterior lobe; the left thalamus and corpus striatum were nearly destroyed. On separating the hemispheres, the corpus callosum was found to be completely disorganized by softening, its place occupied by semi-fluid blood, mixed with softened cerebral matter; altogether, about two ounces of blood were effused. The right hemisphere was less firm than natural, but contained no blood; plexus choroides thickened, and greatly injected; left hemisphere of the cerebellum also softened. The nerves at the base of the brain were large, and well-defined, but in other respects this portion of the organ did not present any unusual appearance.

Remarks.—The pathological cause upon which softening of the brain is generally believed to depend, has been one of two conditions, either excess of action, allied to inflammation, or deficient action, whereby the cerebral structure is insufficiently nourished. Dr. Bright, in his valuable Reports, makes a three-fold division of causes upon which he believes partial softening of the brain to obtain:—First, "where from obstructed circulation the part undergoes a change analogous to gangrene;" secondly, "where from congestion the substance of the brain suffers a more or less complete laceration;" and thirdly, "where softening is produced by inflammatory action."

Among the most recent researches on cerebral softening, are those of M. Rochoux, who also makes a tri-partite pathological division of the causes, upon which he believes ramollissement to depend, viz., into hæmorrhagiparous softening, sanguineous infiltration, and inflammatory softening.*

As the views of this author are important, and may not be generally known, I need not apologize for culling somewhat lengthily from Dr. Ranking's valuable and admirably arranged "Half-yearly Abstract of the Medical Sciences." In the form of hæmorrhagiparous softening, M. Rochoux states that "The texture of the cerebral mass undergoes a gradual molecular alteration, losing its consistence and force of cohesion, until a moment arrives in which its fibres are ruptured by the simple force of the circulating fluid." Thus, if this view be correct, the softening is a precursor, and not a consequence of the hæmorrhage. This condition M. Rochoux affirms, will be found to obtain, (provided that the dissection be carefully prosecuted,) in a very great proportion of cases of sanguineous apoplexy.

In the sanguineous infiltration the same cause is recognized as in the former condition—"namely, a molecular change in the part. On this subject the

author makes a very important remark, that redness of the medullary substance cannot be considered a sign of inflammation, for inflammation never produces redness of the medullary, and seldom of the cortical portion. When sanguineous infiltration is present, the brain has a dotted appearance, similar to that which is observed in the vicinity of an apoplectic clot." The most important character of the lesion denominated by M. Rochoux, "inflammatory softening," is the presence of pus. "This may be easily recognized by sight; or by the simple expedient of pouring upon it a stream of water, which washes away the softened portion, an effect which it does not produce in the hæmorrhagic form. Whenever redness is observed, it is an indication of extravasation of blood, and not of inflammatory softening." If in addition to the foregoing observations we include that softened state of the brain, depending upon an obstructed circulation, and which is analogous to senile gangrene, we shall probably, (without being too exclusive,) obtain a tolerably correct estimate of the general pathological conditions peculiar to this affection. Extended microscopical research, will, doubtless, as it has already commenced to do, throw considerable and more definite light upon the intimate phenomena of this form of cerebral disorganization.

Softening of the brain, depending as it doubtless does, upon more than one pathological cause, may be either a precursor or a consequence of the hæmorrhagic effusion, which is so frequently found accompanying it.

From the extensive nature of the cerebral lesion, in the above case, I have no doubt but that for a lengthened period the texture of the brain had been gradually becoming disintegrated, and that finally, on the occurrence of an exciting cause, (probably some sudden physical exertion,) its fibres gave way before the increased impetus of the circulating fluid. It is indeed possible for a portion of the blood to have gradually escaped from the vessels by transudation, and that to this cause the drowsiness may perhaps, in part, be attributable. Molecular changes in the structure of internal organs, may, and frequently do, exist for a lengthened period, without giving rise to any symptoms indicative of their progress, and that this condition obtained in the present case is more than probable, from the fact of the patient having apparently enjoyed his ordinary health, up to a fortnight previous to the apoplectic seizure.

The premonitory symptoms of cerebral softening are often very obscure. In the present instance no circumstances occurred to attract the notice of the friends of the patient, until the supervention of drowsiness, which phenomenon, depended rather, I imagine, upon cerebral congestion, or perhaps sanguineous transudation, than upon ramollissement.

As most commonly attends similar affections of the brain, the opposite side of the body, to that in which the principal disease existed, was paralyzed and insensible. The right arm was permanently contracted upon the chest, a condition which very frequently obtains in softening of the brain. The remaining symptoms pointed to the existence of a considerable amount of compression, but as direct diagnostic signs of softening could not be made available.

On the treatment of ramollissement of the brain, even provided that the symptoms be sufficiently

* Archives Générales de Médecine, Nov, 1844.

marked to render our diagnosis probable, but little satisfactory can be stated. General blood-letting in the majority of cases will be unnecessary, and often hurtful; in this the aspect and habit of the patient will frequently afford the safest guide. If evidences of cerebral congestion predominate, the carefully watched influence of mercury upon the system may be desirable. A judicious regulation of the diet, and all collateral circumstances influencing the patient, at the same time giving tone to the nervous system by the exhibition of the mineral acids, with iodide of iron, will, in chronic cases at least, be found of considerable avail. The introduction of a seton in the nape of the neck, may be also advisable. The tincture of colchicum, in very small doses, not only in some anomalous affections of the head, but also in many chronic and obscure diseases of the thoracic and abdominal viscera, occurring in persons of middle age, will be found a highly valuable adjunct to the ordinary remedies, depurating the system of the excess of uric acid, and other materies morbi, which at that critical period of life so frequently exist in excess.

(To be continued.)

CASES IN THE HOSPITAL PRACTICE OF T. M. GREENHOW, ESQ., SENIOR SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

(Reported by Mr. C. J. GIBB, House Pupil.)

FUNGOID TUMOUR OF THE LOWER JAW.

Joseph Forster, aged 62, farmer, Allendale, of the sanguineous nervous temperament, whose progenitors have all been long-lived and healthy, admitted Oct. 9, 1845, with a large fungoid tumour on the left side of the face and neck, extending from the chin in front to the angle of the jaw behind, and above from near the zygoma down to the thyroid cartilage, projecting very high externally, and being found with a lobulated surface in the mouth; it has an unhealthy livid appearance, especially at its centre, where there is an opening made by the puncture of a lancet two months ago, out of which issues an abundant discharge of bloody sanies; the skin is adherent to the tumour for a considerable distance around the ulcer, but at other parts it is free and healthy; the tumour has an irregularly soft elastic feel, is moveable at that part which is situated above the jaw, but the rest is adherent to the lower part of the jaw, and to the structures below it, by firm and immoveable bands. He has a languid debilitated look, and a pale sallow complexion; complains greatly of the constant, dull, uneasy, aching pain in the tumour, which, together with excessive mental anxiety, prevents him from getting any sleep; also of frequent headache, flatulence, and sweatings, with annoying discharge of saliva.

Enjoyed excellent health previous to five months ago, at which time he received a blow on the face, which caused much swelling of the surrounding parts; observed, on its subsiding, a swelling below the jaw, which since then has rapidly enlarged to its present size; has had nine teeth extracted without any relief, and the incision made by the lancet voided only a little blood; has wasted greatly, and is becoming rapidly weaker.

To have the saturnine lotion with laudanum to the tumour, and to take ten grains of Dover's powder with five of rhubarb, every night.

13th. Sleeps much better; bowels rather confined; tumour the same; to have a purge and continue.

14th. Tumour removed this morning; two incisions were the first steps of the operation, one from the chin along the jaw to the lobe of the ear, the other also from the chin to the ear, but directed downwards in an elliptical manner, so as to isolate the diseased skin at the centre of the disease. The healthy skin was next dissected from off the surface of the mass, and the upper part of the tumour carefully separated from its deep adhesions to the soft structures, when the remaining part was found to be inseparably connected with the jaw, and the important tissues beneath it. The saw was used to aid the bone forceps in cutting through the symphysis of the jaw, and its neck being also undiseased, was likewise divided by them. Attempts were then made to remove the whole of the tumour, with the isolated piece of jaw, from its attachments to the hyoid bone, larynx, and external structures; it was however found impossible to do this completely without opening the great vessels, and unjustifiably meddling with other parts, whilst the man was greatly distressed and had fainted; as much, therefore, of the morbid matter as could with safety be removed, was cut away, and sutures employed to approximate the edges of the wound, after which a compress and bandage were applied, and the patient ordered a dose of laudanum, and sent to bed. Notwithstanding that each vessel on its division was securely tied, there was considerable hæmorrhage during the operation, and the constant welling into the deeper parts of the wound, made it very unsafe to use the knife for more than a few seconds together.

Vespere. No hæmorrhage; has slept at intervals, and is greatly recovered from the collapse; has not been able to swallow anything, and cannot articulate. To have an opiate.

15th. Easier; has slept a little, and continues to rally; cannot swallow more than a few teaspoonfuls of fluid, most of that taken flowing out through the large wound into the mouth; urine free; pulse 100.

To have beef-tea, an anodyne at bed-time, and castor oil in the morning, if needful.

17th. Doing well; beginning to swallow more fluid; sleeps well, and pulse is quiet and firmer; bowels free; wound dressed; stitches removed; no adhesions; considerable discharge of saliva and fluids yet, but can articulate a little better. To continue.

19th. Stronger, and keeps easy; wound covered by a slough.

To continue, and have a lotion containing two ounces of the solution of chloride of lime to six of camphor mixture, applied with lint to the wound every morning.

22nd. Improving; most of the fluids taken still flow through the wound, but swallows and speaks considerably better; sleeps well, and secretions are free; slough partially separating, leaving a granulating surface. To continue.

26th. Slough almost all separated; takes bread reduced into a pulaceous mass, with milk, for food, and is each day gaining strength; sleeps well without opiate, and is comfortable.