

IV.—CASE OF PNEUMONIA WITH VIOLENT CEREBRAL SYMPTOMS.

Reported by DAVID PRIDE, M.D., Neilston.

W. M·K, æt. 12 years. On Wednesday, 30th Nov., 1870, the lad, in perfect health, so far as known, had been running about a good deal, and when he came home felt drowsy, and fell asleep sitting by the fire; and on waking complained of severe pain in the right shoulder and under the nipple of the same side. That night his mother gave him a hot foot bath and some aperient medicine, which operated freely before morning, and though he had been rather restless during the night, yet, in the morning he got up, dressed, and felt pretty well. The following night he was hot, very restless, and had a feeling several times as if he would be suffocated. He did not complain much of pain at this time, but felt a strong tendency to shiver if the bed clothes got off him in the least.

The patient is a rather over-grown lad for his years, and does not carry much flesh; white skin, veins shining through it, jet black long hair, large lustrous eyes and arched eye-brows, head large, forehead broad, fingers long and tapering, and general appearance subdued and calm.

As I first saw him the patient was lying on his back, his lips and cheeks were of a dingy red, skin hot and dry, respiration 28, and pulse 118. No breathlessness, no nasal action, tongue a little furred at the back, no headache. The respiration over the right front in the region of the nipple loud and puerile, also over corresponding side and back, but no crepitus—left side natural.

The right chest to be rubbed with oil of camphor, and covered with a poultice. To have a teaspoonful every three hours of the following mixture:—

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| ℞ Vin. ipecac. | ʒii. |
| Liq. Acet. am. | ʒiii. |
| Syr. Simpl. | ʒii. |
| Aquæ. | ʒii. |

On examining the back of the chest on the evening of the same day the lung at the base of the right scapula was found solid. Ordered the back of the chest to be painted with tincture of iodine, and to have the poultice continued. To have milk and beef tea.

The patient now got rapidly worse, very wild and delirious, the tongue very much coated, and the teeth covered with sordes. Pulse 130; respiration 30. Directed the hair to be removed, and spirit lotion to be applied to the head.

On Wednesday (the 8th day of illness), slight mucous crepitus heard over upper right front and back, dulness much gone, no pain, no breathlessness, and cheeks now flushed but not dusky as before. Skin more moist.

Thursday (9th day).—Patient quite delirious, wild and crying out a great deal. Ordered 20 grains of chloral at bed-time, which acted like a

charm. He went to sleep, rested nearly all night, only waking up for a drink and going to sleep again. Such was the report of his mother in the morning.

Friday (10th day).—Slight ronchus at upper front and back of right chest, but nothing otherwise abnormal. Patient now losing flesh rapidly. Pulse 135; respiration 30.

Saturday (11th day).—Though still wild and muttering when left to himself, can be brought to consciousness when called sharply by his name. Omit ipecac. mixture, and to have a mixture of iodide and bromide of potassium and 15 grains of chloral at bed-time.

Sabbath (12th day).—He is now getting very feeble, but is still delirious and screaming a great deal; gets into a routine of words which he repeats over and over, raising his voice at each repetition until he is quite exhausted, and then he sinks into a low muttering and moaning condition.

Monday (13th day).—Has slept most of the night after his chloral, and this morning had a calomel and scammony purge. His tongue is deeply furred, teeth laden with sordes, eyes injected and eyelids twinkling. Gropes about in the void with trembling twitching hands for imaginary objects. Screaming and wrestling almost incessantly. To have his head shaved and small blister applied to the vertex, and to get 15 grs. chloral at night. Pulse 128; respiration 28. He drinks milk freely, and the chest keeps well.

Tuesday (14th day).—Bowels moved during the night. Makes water freely, but has a slight rigor as the last few drops are being voided. He cannot now be brought to recognise any of his relations. Urine slightly acid; no albumen. He is slightly but quite unmistakably dull in hearing. The patient continued in much the same condition until the 21st day of his illness was reached, and when I saw him in the morning he appeared to be rapidly sinking. He was unable to articulate, and though he tried to scream he failed from want of power to raise his voice. He lay with the eyes half-closed and covered with a glairy glutinous mucus, mouth open, face and hands livid, and teeth coated with sordes, and could not protrude his tongue. He passed his motions and urine in bed, but seemed aware when he was doing so. Pulse 118, feeble and thready; respiration 24. The potassium mixture had of late been stopped, and the patient was now having a dessert-spoonful of brandy every two hours, its effects being watched. He would not now take beef tea or chicken broth, and lived chiefly on milk.

From the 23rd he gradually but surely continued to recover, and ultimately regained his health without any bad sequelæ. Throughout the whole illness there was little expectoration, and never at any time rust-coloured sputa.

Remarks.—I think this case remarkable in many respects, and suggestive of the following observations:—

1st. The amount and nature of the functional disturbance that followed upon the organic lesion in the chest was in this case grave, and I venture to think unusual. The pneumonic element was by no means either great

or severe, and was quite confined to the middle lobe of the right lung and passed off naturally and rapidly, but the meningeal element which played such a prominent part was unquestionably both severe and persistent, and the delirium very intense. There was no vomiting. There was never at any time convulsions, but the typhus feature of groping in the void with tremulous hands showed how much the central nervous masses were implicated.

2nd. The cerebral symptoms set in so early and were so severe as to be exceedingly misleading, and the deafness, which was quite decided in this case, was also a rather uncommon feature even in meningeal pneumonia, so also was the time to which the case was protracted.

3rd. In many respects the case strongly resembled one of bad typhus—the muttering delirium—the tremulous hands—the purposeless groping—the extent to which the teeth were covered with sordes, and the state of the eyes; but there was never anything on the skin that could, by any possibility, be construed into a rash.

4th. In the matter of treatment the benefit derived from the use of the chloral hydrate was very great. The state of the head was a barrier in the way of using the preparations of opium to procure rest, and the daily struggles of the patient were making large and exhaustive demands upon his strength, and therefore anything that would procure remission from his continuous delirium and at the same time induce sleep was a very great boon indeed—and this the chloral did most efficiently. When given at bed-time, he passed the night in comparative quiet—mostly slumbering, and when he did awake to get a drink, he soon dosed off again after a little grumbling. The dose was never more than 20 grains, and generally only 15, and was never repeated during the night.

Exchange Journals.

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