A CASE OF CHRONIC BRIGHT'S DISEASE,

COMPLICATED WITH HEMORRHAGE INTO THE
PONS VAROLII. WITH AUTOPSY.¹

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THE patient, a married woman at the age of forty-three, first came under my care May 23, 1886. For some months previous she had been under the care of a homœopathic ophthalmologist, who had told her that inflammation existed about the left optic nerve and yellow spot, with partial paralysis of one of the muscles in the eye. The urine had been examined with negative results. For a number of years she had slept considerably each day in addition to sound slumber at night. For a year menstruation had been irregular.

After attending church twice on the above date and entertaining guests in the evening, she suddenly felt faint and dizzy, and ineffectually tried to fan herself. Consciousness remained unimpaired. There were no convulsive symptoms. She felt severe pain with a peculiar bad feeling in the temples, while simultaneously the left side became nearly powerless. I found her pale, bathed in cool perspiration, with but slight control of the left side. The speech was thick and inarticulate. She could swallow with difficulty, choking meanwhile. The mouth was somewhat drawn to the right; the tongue protruded to the left; the left cheek was flattened. I did not then note strabismus or inequality of the pupils. The pressure clasp of the left hand was barely perceptible. The left thumb could be moved over the palm, but the fingers seemed incapable of separate motion, and the left leg and foot were powerless. The entire side was anæsthetic. Temperature 98°, pulse 104.

The next day the patient tried constantly to talk, but could not be understood. There was no apparent dulling of the intellectual faculties or failure of the mental grasp of words. After a few days the speech became plainer at times, when the patient was startled or especially eager to be understood. There was great restlessness, which was allayed by the bromide of sodium. The eyes were bright. The right pupil was smaller than the left. The fundus could not be examined to my full satisfaction, but later I detected white streaks in the neighborhood of the macula.

Three days after the attack retention of urine occurred, and for nearly a week the catheter was necessary. Subsequently there was at times incontinence during sleep at night. When first examined the urine gave a spec. grav. 1010; the quantity per diem was thirty-eight ounces; the color light, turbidity and sediment considerable, reaction faintly acid, albumen one-eighth per cent., urea diminished. The microscope revealed hyaline and granular casts.

The left side remained more moist and cool than the right, and showed œdema, which increased for two weeks, then gradually declined. Early in June the articulation began to improve slowly, but varied in clearness from day to day. The tongue was put out straight. There was a feeling of numbness or thickness on its left side. The left arm and leg felt lifeless to her, according to the

rule in such cases; sensation and motion first reappeared in the paralyzed leg, which the patient could slowly draw up by the third week of her illness.

Dr. S. G. Webber saw the case in consultation on June 5th, and finding the right eye crippled in its movements, with failure of the pupil to dilate when the lids were closed, thought that these facts, in connection with the left paralysis and other symptoms pointed to a hemorrhage into the upper part of the pons.

The first signs of returning sensation were numbness, formication, and tingling in the disabled side. Sensibility to heat and cold was at first slight. She could not at first discriminate the two, the touch of ice on the left hand giving the sensation of a hot iron. The reflexes were from the first feeble, and no marked contrast on the two sides could be obtained in reference thereto.

For several weeks the right pupil remained smaller than its fellow, but the responsive power to light gradually improved. The eyeball on this side was turned to the left. There was a slight inclination of the head in the same direction. During the first month of the disease the patient suffered from catarrh in the left naris. There was a similar trouble in the corresponding eye. The temperature after the first week did not rise above 100° F., but the pulse remained high throughout, averaging 120. Cathartics were in frequent requisition to relieve an abiding tendency to constipation. After the 1st of August there was constant complaint of pressure, weight, and pain about the bowels, partly due to tympanitis, perhaps not a little resulting from dropsical effusion, which, appearing first about the feet and legs, soon involved the abdominal parietes and cavity.

The patient had at times a fair appetite. The diet consisted largely of milk, but meats and fruit were not withheld. The chlorides of iron and arsenic were given three times a day, with improvement in respect of the color and blood-condition of patient. I alternated cum above. Her vision did not become clear. She could read only the coarsest print of the daily advertisements. The handwriting was a trembling, zigzag scrawl. Diplopia was at times quite troublesome. At first the second object was seen above its mate, but later at its right hand. Ultimately, the crippled eyeball largely recovered its power. About the middle of August hyperæsthesia developed. Pain was caused by a light touch on arm or leg; for some time her nurse had to omit the daily bath. The patient occasionally asked to have her "graveyard leg" moved. Almost simultaneously she had begun to complain of a terrible constriction about the temples and occiput, as though a ribbon was drawn tight around the head. Strength had returned to the left upper extremity in so far that she could raise the hand eight inches from the arm of her chair, and by much fumbling could move it up to her chin. These movements were attended by tremor.

Digitalis for a time diminished the œdema of the extremities and relieved the dyspnœa incident to her disease, but its use was not persisted in for any length of time, as after a few days no further gain could be noted.

¹ Read at a meeting of the Middlesex South District Medical Society, in Lexington, October 12, 1887.

Several severe attacks of faintness and dyspnoea occurred during August and September, and twice I detected signs of pulmonary oedema. Stimulants and cupping brought relief. The cardiac area of dulness was somewhat enlarged to the left. There was no evidence of valvular trouble. Breathing was free only when the sitting posture was retained. After August 1st the woman slept in her chair, saying she knew she would suffocate if she lay down. During July the urine had increased in quantity to between four and five pints daily, and was of lower specific gravity. She had recovered strength so far as to take a few uncertain wavering steps from her chair, with the support of one person. If she attempted to even stand alone she swayed from side to side; the gait was unsteady at best. In early autumn, nausea and vomiting were prominent symptoms, and often accompanied by great restlessness and mental depression. The urine diminished in quantity again. The albumen had increased to one per cent.

The legs began to ulcerate in November. From these openings, as well as from fresh holes previously made, several pints of serum discharged daily. This outflow did not give much relief. The dyspnoea increased, whistling râles could be heard on inspiration. Hot-air baths had been tried a month before, but gave no relief and proved depressing. Cathartics afforded more comfort than any other line of treatment. Cupping gave some relief to the dyspnoea. Patient at times leaned forward and braced her shoulders up in her struggle for breath.

At four o'clock, December 23, patient waked in her chair with severe lancinating pain in the precordia and left side. I found on examination a marked increase of the area of precordial dulness. There was flatness over the left base, front and back, below the third interspace. The heart sounds were very feeble at the apex, but slightly intensified by pressure with the stethoscope. On auscultation a loud friction murmur, reduplicated on the cardiac impulse, was heard over the left side below the second rib, having a maximum intensity and a musical quality over the base of the heart.

Above the fifth rib, voice and respiration were bronchial. Below that limit there was absence of respiration. Sibilant and subcrepitant râles could be detected over other parts of the chest. The cheeks were flushed, but temperature and pulse were not much increased.

Pain was relieved by painting with tr. iodine. Stimulants and milk constituted the internal treatment. The family were warned of the end, which came abruptly twenty-four hours later.

The autopsy, thirty hours after death, disclosed an abundance of serum in the cellular tissue and large cavities. The brain was pale and oedematous. Nothing abnormal was detected in hemispheres, ventricles, and ganglia. An oval, softened blood-clot, the size of a cherry, occupied the right anterior portion of the pons, encroaching slightly on the corresponding crus cerebri. A wavy reddish-brown cyst wall separated the yellow fluid contents from the surrounding tissues. The pericardium contained five ounces of turbid fluid holding flakes of lymph in suspension. The base of the left ventricle was roughened by patches of recent lymph deposit. The heart weighed seventeen ounces. The wall of the

left ventricle was four-fifths of an inch thick. Both lungs were cedematous. The left lower lobe was of the color and consistency of the spleen, and non-crepitant. Bloody serum exuded from the cut surface.

Both liver and spleen were increased in size and firmness.

The kidneys weighed three ounces each. The capsule was readily detached, exposing a smooth, mottled surface and showing yellow patches of varying size.

On section the pyramids stood out from the cut surface and were much darker in color than the cortex. Streaks of a yellow color extended outward from the bases of the pyramids. The zone of the glomeruli presented translucent points and lines which turned mahogany brown on the addition of iodine.

The case illustrates an interesting variety of pathological processes, the sequence of which may not be fully unravelled. The primary cause of death may be differently estimated. Was amyloid degeneration or the nephritis the prior affection? and was either or neither the cause of the vascular degeneration that induced the brain lesion? The history of the habitual abuse of alcohol by the father, and of death by phthisis of a brother, of the patient may be interpreted as establishing a tendency toward the first-named disease. Is it conclusive against a tendency to the last-named disease?

The kidney process seems to me to have been responsible for the steady march of symptoms to a fatal issue, for the enlargement of the heart and the consequent increase of arterial tension, for the degeneration of the cerebral vessels that ruptured when that tension had augmented during a day of unwonted activity and excitement.

Of the marked symptoms of the pontine hemorrhage, all but the lack of co-ordinating power gradually abated.

REPORT ON DISEASES OF CHILDREN.

BY T. M. ROTCH, M. D.

GLYCERINE ENEMATA IN CHILDREN.¹

GLYCERINE enemata have of late attracted so much attention in the various periodicals, that a series of experiments with them on children, by G. A. Carpenter, of the Evelina Hospital for Children, Southwark, may be of interest. Carpenter says that a large number of children treated in the hospital require a laxative, constipation being more or less marked, in some due perhaps to defective maternal training in that respect; in others to the sedentary existence consequent on hospital régime, or to a combination of both causes. At the Evelina Hospital children are not allowed to pass more than two days without an action of the bowels. The results of two hundred and fourteen enemata given to sixty-three children during four months are tabulated according to sex, age, disease, quantity of glycerine used in drachms, time taken to act, and number of movements. An analysis of this table shows that an action of the bowels followed in five minutes or under in ninety-five instances, in ninety in thirty minutes or less, and in four the time was not recorded. In the cases where the enemata failed

¹ Lancet, Nov. 10, 1883.