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CASES OF CEREBRO-SPINAL MENINGITIS OBSERVED AT PALMER,  
MASS.

BY DR. HOLBROOK, OF PALMER.

[Reported to the Boston Society for Medical Improvement, by Dr. HENRY I. BOWDITCH, and communicated  
for the Boston Medical and Surgical Journal.]

HAVING been called, professionally, to Monson, April 1, 1865, I met Dr. Holbrook, and learning that a very severe epidemic of the above disease had swept through Palmer, I asked him to give me an abstract of the cases he was cognizant of, and most of which he had seen and attended. He was kind enough to relate them to me as follows, and I present them, in his name, to the Society.

CASE I.—A boy, æt. 8, was taken while at school, in the afternoon of Feb. 9, 1865. He was sent home by the teacher. He became very weak in the legs, and finally had to crawl upon his hands and knees before he could reach it. He was half an hour in thus crawling about fifty rods. When seen by Dr. H., his feet were of icy coldness; he complained of pain in the right side and spine. Pulse 124. In about two hours spasms commenced in various muscles, and involuntary dejections took place. The pulse became more rapid; the skin moist. At 3, A.M., of 10th, he was unconscious, and death took place at 7, A.M., that is, in about twelve or fourteen hours from the commencement of the attack. There was no eruption during any period.

CASE II.—Boy, æt. 16. Scholar. He was not very well on the 7th. He was weak in the legs and felt tired. He attended to some work about the village, though not quite well. On the 9th, was up and about the house, feeling cold. On the 10th, he got up, but felt miserably, and lay on the sofa most of the time. At 11, A.M., pain in the head and spine commenced. Dr. H. was then first called. The patient's countenance became quite anxious, and he was very depressed in feeling. Dry cupping was tried along the spine. Intense distress was caused, with spasms, when the cups were applied to the cervical vertebræ. Liniment. ammoniæ and the galvanic battery were also tried. Brandy, quinine, &c., were used, but all with-

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out avail. The battery caused great distress. Involuntary dejections occurred, and the patient died at 7, P.M., that is, eight hours after the first visit, and three days from first feeling unwell. No eruption took place.

CASE III.—A young man, under the care of another physician. Dr. H. reported from hearsay. He had been ill several days. He was chilly, had headache, with mental disturbance, pain in the spine, vomiting, and great restlessness of lower extremities. Died at 8, P.M., Feb. 10th. The skin was seen to be spotted after death.

CASE IV.—An Irish child, 7 years old. Taken ill on the evening of February 11th, having spent the afternoon in "coasting." He first complained of pain in the legs. At 8, A.M., of the 12th, went down stairs for dejection, and was sent back again. He fell upon the stairway while going up. He died at 12, M., that is, in about twelve or fourteen hours. The attack was accompanied by vomiting, pain in the head, injection of the eyes. Injection of the eyes was, in fact, noticed in all the cases.

One case occurred after this, under the care of another physician, which Dr. H. did not see, and could not give any details in relation to it.

CASE V.—A boy, æt. 9 years, 9 months. Was bright up to the time of being taken. He was attacked during the night of the 21st. He said he wanted to urinate, and asked his father to take him up, as he was afraid to rise for fear of falling. He soon after fell asleep, but began to talk. Convulsions occurred in the morning, and Dr. H. was summoned at 9, A.M. Found him very nervous, with a very rapid pulse; his head was forcibly drawn backward, and there were vomiting and violent headache. Very strong mustard-water and hot-water applications had been made to the skin, which presented a sort of parboiled aspect in consequence thereof. At 2, P.M., he had a terrible fit, and subsequently frequent convulsions occurred, and he died in great distress at 7, P.M., on February 23d, that is, in about thirty-six hours from the first illness. The whole body became of a mahogany color.

CASE VI.—Boy, æt. 6½ years. Taken March 3d. Ate a full breakfast, and went to perform some farm duty. Suddenly he exclaimed, "How my neck aches," and put his hand to it. He then went to sleep on a couch. His pupils were at first contracted, but subsequently dilated. Dr. H. saw him at 1½, P.M. Pulse 115; face flushed; drowsy. On being called, he answered well, but immediately fell asleep again; made no complaint. At 5, more drowsy; pulse 125; skin hot and dry; nausea. An emetic was given at 6. At 7, P.M., pulse 130; all the symptoms worse; veratrum viride was given. Pulse rather lower at 9, but the patient still drowsy. Head at times was drawn back, with occasional apparently intermittent paralysis. 12.—Could scarcely be aroused; but yet after an injection he rose, and had an operation from the bowels, talked

freely, seemed rational, and said he had no pain. The Dr. thought him better. Some sweating. Towards morning had dysphagia, and became restless. The spine was blistered. Died, eighty hours from the commencement of the attack, in violent spasms, with tenderness of the upper part of the spine. This tenderness was found in all the cases in which the vertebræ were pressed.

CASE VII.—Girl, 6 years of age. Fit at midnight of March 1st. Pulse 140; pupils dilated; blind. Died at 5, P.M.

The above are all the fatal cases.

Cases now under treatment.

CASE I. (8th of all the cases).—A boy, 1 year old. Taken Feb. 21, with a fit in the night. Convulsion and drawing back of the head came on the following day; vomiting and drowsiness; pulse 130 to 150 all the time; frequent rolling of the head; pupils dilated; strabismus; wants to nurse, and vomits; paralysis of arms occasionally.

CASE II. (9th of all the cases).—A girl 10 years old, sister of Case IV. (fatal) above. She had vomiting and dysphagia. (Most of the cases had dysphagia, often requiring beef-tea injections in order to support life.)

CASE III. (10th of all).—Man, æt. 21, colored. Taken at 3, P.M., Feb. 27th. Was suddenly seized with pain in head and spine; loss of mind and stupor; dysphagia; no drawing back of the head. Recovered in three or four days, after a violent emetic.

CASE IV. (11th of all).—A lady, 42 years old. Was walking and heard of a story of horrible character, and fell suddenly; pain in head and spine; sensitiveness; no loss of consciousness; pupils dilated.

These cases were spread over an area of four or five square miles—chiefly in Palmer. They occurred in the best and the worst houses. Some of the patients were tenderly cared for, and others were of the neglected class. They were equally affected. All treatment was tried of a *regular* kind, and in some instances the homœopathic, Thomsonian, &c., were used. No good result seemed to arise from any of them.

A year ago the epidemic occurred in Hardwick, under Dr. Orcutt. The cases were equally severe, and of the same character. In Greenfield, also, it has appeared. In Brattleboro', it prevailed last year. Recently it occurred in Greenwich (see letter appended), also in Amherst (see remarks of Dr. Smith, of Amherst, also appended).

Dr. Holbrook assures me that when, in February, the sudden and severe cases were showing themselves, the village was almost deserted, and it was even difficult to procure help. All seemed to imagine it to be contagious, or at any rate to be avoided as dangerous. He informs me, moreover, that other diseases at this time had a similar nervous, irritable type.

There seems no good reason for believing it to be contagious.

All the symptoms point distinctly to the peculiar nature of the affection, viz., that it is an affection probably acute and inflammatory, of the spinal, and, at times, of the cerebral mass. The peculiar sensitiveness of the upper part of the spinal column, which, Dr. Holbrook says, was always found when looked for, the drawing back of the neck, the violent convulsions—all point to the spinal column. In fact, this irritation of the nervous system seems to have been much more constant than the discoloration of the skin. The term "spotted fever," given to this affection, seems a misnomer in this series of cases.

I append the following letter from Dr. Goodell, of Greenwich, to Dr. Holbrook, and which Dr. H. allows me to publish, and also give the substance of a conversation held by myself with Dr. Smith, of Amherst, who has had experience of the fatal effects of this epidemic. A thorough investigation of the whole subject, a gathering in of all the facts, and a history of its rise and progress in New England, would be a valuable labor.

GREENWICH, FEB. 2, 1865.

*Dr. Holbrook, of Palmer.*

DEAR SIR,—Having just passed through an epidemic of meningitis, and hearing that you are afflicted with the same scourge, I would like to learn the *truth* of the matter, and I address you, as we can tell very little by flying stories in such times of excitement. I wish to know how many cases of *real meningitis* there have been in Palmer, *what* the treatment, and *what* the result. We have had seven cases of real cerebro-spinal meningitis, which have proved fatal in from twelve hours to three days. Treatment was of little or no effect. *Symptoms*.—Chills; violent pain in the head and back; eyes fully injected and protruding; vomiting, and sometimes purging, with loss of mind soon after the attack; later, stagnation of blood; spasms; powerful contraction of the cervical muscles, and great difficulty of deglutition; death, as though from poison.

*Treatment*.—Large doses of quinine and whiskey, with opium; covering the patient with hot fomentations, and mustard blisters to back of neck and spine, with every other powerful counter-irritant short of the *actual* cautery; half a pint of French brandy every two hours; injection of a teacup of whiskey and one tablespoonful of laudanum; inhalation of two fluid ounces of chloroform and ether—all with no effect. I have since had several cases, with all the symptoms, which have readily yielded to treatment, but left the patient very weak. I do not look upon them as the *real* disease.

We have had some twenty cases of pneumonia since Jan. 1st, and most of them strongly typhoid; in fact, such a lot of black tongues I have never seen in real typhoid fever.

Meningitis I do not consider contagious. What is your opinion? And after all I can find written upon the subject, or can get from old doctors, my greatest desire is still "*more light*," "*give me more light*."

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J. W. GOODELL, M.D.

Dr. Smith, of Amherst, says that there is an alliance between this and diphtheria. Dr. S. mentioned the following as the chief symptoms:—spasms of the face, even when the patient seemed nearly well in body and mind, very severe, followed in some cases by opisthotonos; more tenderness about the neck than elsewhere. Has seen cases of purpura (spotted fever) with it. Urine frequently phosphatic; no albumen. Pulse often regular to the last. Œdema of the lungs early, with crepitus on auscultation. Very sluggish in all mental or physical movements. Always some influence seems to remain, with debility, or rather breathlessness. Spine rubbed with hot water, and copious draughts (one pint) of whiskey, are two of the methods of treatment. Protiodide of mercury seems at times useful. These nervous symptoms attack in other complaints, and at times the patients are almost insane at night.

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#### DEATH FOLLOWING CATAMENIAL SUPPRESSION.

[Reported to the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

By J. N. BORLAND, M.D.

THE patient was a single woman, 30 years old. She entered the Boston City Hospital on the 13th day of March last. The day previous to her entrance was one of the most severe of the winter, with a high, blustering and excessively cold wind. The patient reported herself as having always been a healthy, hard-working woman, suffering only from somewhat irregular catamenia. For a year before entrance she had worked unusually hard, and was somewhat enfeebled in consequence. The day before entering she went out of the house, intending to go to church, and feeling as well as usual. While in the street she was chilled, became faint, and the catamenia, which had been present normally for forty-eight hours, disappeared. She returned home, went to bed immediately, and throughout the remainder of the day and night experienced much pain in her back and limbs, with chills, nausea, slight headache, a feeling of distension and great weight in the hypogastrium, together with sharp pain in that portion of the abdomen upon motion.

At the time of her entrance, twenty-four hours after the exposure, her face was flushed, but she had no headache; there was a very white coat on the tongue; anorexia and some thirst. She had had much nausea and vomiting during the past twelve hours. No defecation for two days. Pulse 120. Respiration 36, with moaning expiration. Hot and dry skin. Could lie on either side or back without discomfort. On motion there was much pain, confined to the hypogastrium, where there is great tenderness on pressure. No head or thoracic symptoms. Urine scanty and high colored. Hot fomentations to abdomen. Pulv. ipecac. et opii, gr. x., and simple enema containing tinct. opii, gtt. xxv.

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