

June 11th.—During the night, the patient was restless, had dyspnoea and nervous agitation. At the morning visit, the respiration was 40; the pulse 120. There is complaint of pain below the lower border of the ribs on the left side. Respiration is heard clearly through the anterior part of the chest. The left back is clearer on percussion, and respiration is heard three inches below the angle of the scapula.

P.M.—Has been in a rather stupid state all day. Temperature 104.1°.

June 28th.—Respiration at both bases, accompanied with subcrepitant râles. General condition much improved. He is discharged, "relieved."

A CASE OF OBSCURE CEREBRAL DISEASE.

By ROBERT BOYD, M.D. Harv., Linneus, Me.

THE following case is reported, not because of any peculiar interest it might have for the readers of the JOURNAL, but rather on account of its speedily fatal termination after symptoms comparatively mild; and also because the writer, who was the medical attendant of the patient, and the physician called in consultation could not agree in their diagnosis.

Feb. 17, 1874, I was first called to visit R. F. H., aged 17, male, the eldest of seven children, all living, and all healthy. The parents are both living; the father is healthy, the mother anæmic and suffering from some obscure trouble in the eyes. From the mother, a very intelligent and keenly observing woman, I obtained the following account of the boy's present sickness. "He had been in an adjoining town attending school, and had applied himself very closely to his studies. About a week ago he took cold, attended with pain in the side of the head; and, on the 14th, he came home, and received domestic treatment until the 16th, when he felt so much better that he returned to school, but during the day he felt worse. In the evening of the 16th, he returned home, riding the whole distance—about five miles—upon an open lumber sled. That night, he had a warm foot-bath and a warm hop-poultice to the side of the head."

Feb. 17th.—The pain continuing and the patient not having slept any the previous night, I was sent for at 6, P.M. I found his condition as follows. Pulse 74. No increase of temperature apparent to the touch. Skin moist. Face pale; pupils normal. Appetite poor; tongue slightly coated; bowels constipated. Respiration free and easy; no cough. Vomited once yesterday. Complaints of severe pain in the right temporal fossa, somewhat relieved by pressure and warmth, but greatly aggravated by moving the head. Intolerance of light and sound was marked; his mind was clear; he answers questions promptly, protrudes the tongue in a direct line and without any difficulty. In reply to inquiries about the opposite side of the head, he said: "That is all right, no trouble there, it is all here," placing his hand over the region already indicated. He described the pain as a "sense of fullness, and, when severe, as though the head would burst"; he wanted an attendant to press heavily on it with the hand at such times.

I gave him a grain and a half of powdered opium and ordered twenty-five grains of bromide of potassium every night at bed-time;

fifteen drops of the muriated tincture of iron were prescribed to be taken three times a day; and I left him five one-grain opium powders, to be taken according to the urgency of the pain, but not oftener than one every eight hours. The hop-poultice was to be continued.

Feb. 19th, 5, P.M.—Continues about the same. He has taken four of the opium powders; vomited once after taking the potassium. Pulse 78, strong and regular; breathing easily, no cough, no febrile movement, no delirium, no pain in the back or extremities. Countenance pale, pupils normal. He wants to lie with the head high. The pain is confined to the original locality. On account of persistence of the pain, a quarter of a grain of sulphate of morphia was injected subcutaneously over the seat of the pain, and a blistering plaster was directed to be applied over the point of the injection if the pain was severe after twelve hours. The opium previously ordered was omitted; the other treatment was continued.

Feb. 21st, 8, P.M.—The injection of morphia, made at the last visit, quieted the patient sufficiently to allow him several hours' sleep; but, on getting up to walk to an adjoining room, the pain again became severe, and the blister was applied. He vomited once yesterday. The symptoms are nearly the same as at last visit; he complains, however, of pain extending towards the top of the head and back towards the occiput. Since the application of the blister, very little pain has been felt at that point; no pain on the opposite side of the head. The following liniment was applied to the part affected, not occupied by the blister:—

R. Tinct. aconiti,
Chloroformi, āā ʒi.;
Spts. vini rect., ʒiv. M.

I also gave him one eighth of a grain of sulphate of morphia and twenty grains of bromide of potassium. I promised to return the next day, at 2 o'clock, P.M., requesting the father, if the pain continued, to call in another physician.

Feb. 22d, 2, P.M.—Patient quite comfortable. Had slept quietly from 10 o'clock, P.M., until 6, A.M. In reply to my inquiries as to how he felt, he said cheerfully, "I feel first rate, to-day. If it were not for that blister, I could get along nicely, now." He said he felt tired; he looked pale and languid, but conversed freely and intelligently on different subjects, and altogether appeared decidedly better. One dejection this morning; tongue slightly coated; pulse not taken.

Continued the iron, and left four powders, each containing one quarter of a grain of sulphate of morphia, with directions to be taken if needed.

Feb. 23d, 8, A.M.—Was sent for; patient worse. Towards evening, he began to feel badly at the stomach, and vomited, after which he felt better; but at three o'clock, this morning, the pain again became intense. Had taken two of the powders, and had applied the liniment without any relief; he complained of the pain extending through to the opposite ear. On hearing my voice in an adjoining room, soon after my arrival, he requested the attendant to tell me when I came into the room to "speak easily, for the noise almost killed him." In a few minutes, when I entered his room, the attendant said he had just gone to sleep. Found him lying on his back, his

head elevated with pillows, his breathing regular, his right eye closed, the left partly opened, his carotids rapidly pulsating, sordes on his teeth, his symptoms typhoidal. I thought best not to arouse him, as Dr. Bussey, of Houlton, was expected soon. Dr. B. came at 8.30, A.M., when the breathing had become considerably interrupted; and, on attempting to arouse him, he could only partially succeed. There was ptosis of the right lid, and the pupil of the same eye was dilated to three times the size of the opposite. Clonic spasm of the muscles of the extremities occurred, lasting several seconds. Dr. Bussey at once pronounced it a well-marked case of cerebro-spinal meningitis. From that opinion I then dissented, and I am still unconvinced. Stimulants internally, and counter-irritation to the nucha and spine were proposed and assented to. The stupor rapidly deepened, however, the breathing became more interrupted, and he died at 11.30, A.M. There was no autopsy.

The prominent symptoms of the above case were, severe localized pain, aggravated by light, sound and motion; with occasional vomiting, constipation and loss of appetite. There was not at the time, nor has there been since, any prevailing epidemic of cerebro-spinal meningitis. The case did not at any time present any delirium, fever, purpura, herpes, pain in the back or extremities, stiffness of the muscles of the nucha, hyperæsthesia, or opisthotonos.

In the *American Journal of the Medical Sciences* for October, 1873, Dr. J. Lewis Smith, of New York, in an article on cerebro-spinal fever, under the head of diagnosis, says:—"Cerebro-spinal fever, on account of the nature and severity of its symptoms and the suddenness of its onset, may be mistaken for scarlatina, and *vice versa*. In one instance, to my knowledge, this mistake was made. High febrile movement, vomiting, convulsions and stupor are common in the commencement of scarlet fever, and we have seen the same symptoms usher in the severer forms of cerebro-spinal fever.

"The diagnosis of cerebro-spinal fever from the common forms of meningitis is ordinarily not difficult, for while in the former there is the maximum intensity of symptoms on the first day, in the latter there is a gradual and progressive increase of symptoms from a comparatively mild commencement. Again, in cerebro-spinal fever, after the second or third day, hyperæsthesia, retraction of the head and other characteristic symptoms occur."

Was the foregoing a well-marked case of cerebro-spinal meningitis?

POISONING BY BERRIES OF THE MISTLETOE.—Dr. Dixon reports a case of poisoning due to the action of the above parasitic plant, occurring in a boy aged 14. The berries were taken at about 8.30, P.M., and when seen by Dr. Dixon, one hour afterwards, the boy presented many of the symptoms of alcoholic intoxication. His countenance was suffused, the lips were livid, the conjunctivæ were injected, the pupils were slightly dilated and fixed; the pulse was slow, full and bounding; the breathing was slow and stertorous. On pricking the soles of the feet, the limbs were quickly drawn up, showing that there was no paralysis of the excito-motory functions. The treatment consisted of the application of cold affusions to the spine, and emetics, followed subsequently by a sinapism to the nape of the neck. At the expiration of about two hours, the patient, having obtained relief, fell asleep, and complete recovery ensued.—*British Medical Journal*.