

TWO ATTACKS OF ASTHENIC PNEUMONIA:
THE FIRST FOLLOWED BY PAROTITIS;
THE SECOND BY TYPHOID SYMPTOMS.¹

BY JAMES B. AYER, M.D.

MR. J., druggist, though not robust, was in good health and in active business from the time he left the army up to November 30, 1883. Then (at the age of fifty-five) he was suddenly seized with a chill and sharp pain near the apex of the heart, accompanied by fugitive pains through the body and by pharyngitis and bilious symptoms.

One hour after the chill I was called to him and found the temperature 100.5° and pulse 76. The extremities were cold.

On the following day the temperature fell to 99.5 and he complained less of pain. He had a jaundiced hue and the urine contained an excess of coloring matter.

Respiration was more rapid than normal, and pneumonia of the asthenic type was suspected.

On the morning of the third day the temperature was 102.9°, pulse 90, and respiration 30. There was little pain or discomfort.

On the fourth day consolidation of the lower half of the left lower lobe could be proved. Temperature 103.5°; pulse 120.

Temperature on the fifth day 102°; pulse 100.

The crisis came on the sixth day, the temperature falling to 98.8°. He had coughed only a few times and had raised absolutely nothing. The disease had been uneventful, but with the crisis came severe prostration. I have rarely seen a patient so suddenly overcome by a feeling of weakness.

Very marked prostration remained more than one week but did not interfere with resolution. The day after the crisis he complained of dryness of the fauces. He could not open his mouth without suffering pain.

Examination showed swelling of the left parotid gland effacing the lower maxillary line. In the course of four days the parotid had become prominent, extending behind the ear and out on the cheek. It was very hard, involved the skin, and was quite painful.

The temperature at this time was normal; pulse 72. Poultrices afforded more relief than camphorated oil. In a few days the right parotid gland hardened but did not become very prominent.

The left parotid at the end of a fortnight diminished one half, now being the size and shape of a very large plum. From some unknown cause it soon increased in size and remained prominently swollen and hard as stone up to December 18th; then it began slowly to grow smaller. The fauces up to this time had been dry, but began to be moist. At the end of six weeks the left parotid had regained its usual shape and size, but several additional weeks elapsed before both glands had softened.

At no time were there symptoms of abscess or of gangrene.

Mr. J. (though not over robust) attended steadily to his business up to February 12, 1885, fourteen months from the beginning of the first attack, when he was again attacked with pain in the

neighborhood of the left nipple, followed by similar symptoms to those characterizing the former attack. Up to the fourth day the pulse remained in the neighborhood of 90, the temperature fluctuating between 100° and 102.5°. On the fourth day bronchial respiration could be heard, and on the fifth it was evident that the lower half of the left lower lobe was again consolidated.

On the seventh day resolution began and was nearly completed by the ninth. The temperature had fallen to normal and the tongue was moist. During the whole illness he had not coughed.

Were it not for a flushed condition of the cheeks, and a strange look about his eyes, together with the recollection of the sequelæ of the previous attack, I should have felt no uneasiness about his condition.

He was sleeping well, did not complain of headache, no cerebral symptoms were evident, and he began to talk about sitting up in an easy-chair.

At noon of the tenth day he became very restless, incessantly tossing to and fro, and in the evening was constantly delirious.

The pulse-rate was over 120; the temperature could not be taken, but there was no febrile excitement. There was but little heat of the head. He had involuntary evacuations from the bowels and bladder every two or three hours.

The extremities were algid and the condition was that of collapse.

For a moment at a time he could be recalled to seeming consciousness.

Mustard was applied to the chest to the point of blistering, and hot-water bottles applied to the extremities. Constant friction by rubbing was ordered.

These symptoms continued forty-eight hours; during this time there were marked hallucinations of sight. He thought the nurse was the Virgin Mary, and would not allow her to care for him. He saw in imagination his grandchild and other relatives lurking about the room.

At the end of a couple of days he became more quiet, making less effort to get out of bed. At this time he appeared like one in a dream. With great difficulty the extremities were kept from growing cold. Fortunately nourishment and stimulants could be given liberally at frequent intervals.

The temperature fluctuated between 100° and 100.6°, the pulse between 120 and 130, and the respiration remained in the neighborhood of 45 on the day following the appearance of the delirious symptoms.

The next day found the temperature 100°, pulse 120, and respiration 40, while three days later the temperature had fallen to 96.8°, the pulse to 100, and respiration to 33.

On the fifth day after the appearance of delirium the mind had become clear. Delusions and hallucinations had disappeared, but there was diarrhœa and a portion of the evacuations were still involuntary.

The temperature at this time was normal. The tongue was covered with a thick coat of brown fur, and he suffered from thirst.

The respirations were rapid (in the neighborhood of 30), but careful examination of the chest showed no sign of pulmonary, nor of cardiac, disease.

¹ Read before the Boston Society for Medical Improvement, May 11, 1885.

On the following day (the sixteenth of the disease) our patient's condition was quite satisfactory, when suddenly the temperature fell below normal and alarming symptoms of collapse again appeared.

For forty-eight hours the temperature remained at 97.8°, then falling to 96.8°, where it remained a couple of days, again descending (on the evening of the twenty-first day from beginning of the attack and eleventh after delirium) to 96°. It remained between 95.9° and 96° till the evening of the twenty-third day.

During these seven days the temperature was taken with the greatest care.

The pulse fluctuated irregularly between 74 and 100, without regard to the temperature, but the respirations gradually became slower.

During this period of seven days the body could with great difficulty be kept from growing very cold and the tongue was dry and furred. A slight movement of the body increased alarmingly the prostration. At times he seemed in an almost lifeless condition.

On the twenty-third day I began to give him fluid extract of coca in three and one-half grain doses, which I thought had an excellent effect, but it was discontinued after the third dose on account of nausea. At this time he began to improve. On the twenty-fifth day the temperature reached 97.8°. The extremities could now be kept warm. The tongue presented a glazed appearance.

He sat up on the thirty-first day for a few moments, went downstairs on the forty-ninth day, and on the seventieth day was able to be out of doors a good portion of the pleasant weather. His temperature at this time was 98.2° only.

Dr. James Ayer saw the patient frequently with me in consultation. By his advice I was encouraged to persistently give brandy, quinine, carbonate of ammonia, and liquid nourishment during the period when there was little prospect of recovery.

Briefly to recapitulate: Our patient, aged fifty-five, strictly temperate, not previously ill for many years, after an insidious attack of pneumonia developed a swelling of the parotid gland the day following crisis in connection with prostration. After a tedious convalescence he returned to business and enjoyed fair health for the period of one year, when a similar attack of pneumonia occurred, followed three days after the crisis by the delirium of cerebral exhaustion and by a severe form of prostration, the symptoms at this time being typhoid in character.

On the sixth day he apparently began to improve, but immediately afterward an alarming state of collapse followed, the temperature falling to 95.9°. This condition of collapse lasted seven days and was followed by a protracted convalescence.

These attacks were examples of the asthenic form of pneumonia. The pulmonary symptoms were mild and insidious, but the prostration was severe and the only source of danger.

Regarding the parotid complication, Jürgensen says: "The reports of the Vienna hospitals mention this complication only six times out of 5,738 cases."

According to Grisolle, patients over sixty are most liable to be attacked. He states that as a rule only

one parotid gland is attacked but in its whole extent. He says that usually this complication is serious, ending in suppuration or gangrene.

Loomis says: "Metastatic parotitis is a rarity. It begins with a catarrh of the duct. The exact cause is obscure. It shows a tendency to suppuration from the beginning and is generally confined to one side."

Pepper says: "Sympathetic or metastatic parotitis is usually unilateral and terminates in suppuration or, much more rarely, in gangrene." He mentions its connection with several diseases, but not with pneumonia. He says that the exciting cause is probably mechanical, excessive dryness connected with fever causes occlusion of the parotid duct with retention of the saliva, suppuration of glandular tissue following. He recognizes that there is a cogent objection to this theory, namely, that dryness of the throat is common in connection with fever, but subsequent parotitis very rare.

Ringer speaks of it as rare, and says that it quickly suppurates. He calls it "parotid bubo."

Jeaffreson, whom he quotes, states that not more than three per cent. of "parotid buboes" resolve.

Flint met five examples of parotid swelling following typhoid and typhus fever, in the winter of 1849-50, but since that time has rarely observed it.

In our case the parotid enlargement was, in my opinion, merely a symptom of debility—as is the case with most glandular swellings.

The Collective Investigation Committee of the British Medical Association, after analyzing the returns of 1,060 cases of pneumonia, report that sequelæ are of very rare occurrence. They report no case of parotitis following pneumonia.

Neither do they find any case of typhoid symptoms resembling those following our patient's second attack.

They do, however, mention one case of congestion of the brain, one of meningitis, and two of acute mania following pneumonia.

It is certain that cerebral exhaustion, combined with a state of general prostration, very rarely gives rise to well-marked typhoid pneumonia following pneumonia, but I cannot give definite figures regarding the frequency.

Typhoid symptoms follow the *asthenic* forms of pneumonia, and are generally fatal in their character.

Owing to the depressing treatment and the rage for venesection which existed in former times, it is said these symptoms were formerly met with more frequently than now.

THE BASAL PATHOLOGY OF CHOREA.¹

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I HAVE come to some definite conclusions concerning the basal pathology of chorea, which I should be glad to communicate to the College, and give the grounds for my belief.

The first point which I wish to make is that the

¹ Communicated to the College of Physicians of Philadelphia, May 6, 1885.