PRENTISS (D. W.)

THREE CASES OF CEREBRAL APOPLEXY, ONE CASE OF PROGRESSIVE COMA, AND ONE CASE OF RHEUMATIC MENINGITIS, FOLLOWING THE GRIP.

BY

D. W. PRENTISS, M.D.,

OF WASHINGTON, D. C.

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FROM

THE MEDICAL NEWS,

August 29, 1891.

[Reprinted from THE MEDICAL NEWS, August 29, 1891.]

THREE CASES OF CEREBRAL APOPLEXY, ONE CASE OF PROGRESSIVE COMA, AND ONE CASE OF RHEUMATIC MENINGITIS, FOLLOWING THE GRIP.[1]

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THE complications and consequences of the late epidemic, called the "grip," are so varied and so far-reaching, as well as of such a serious character, that I have thought a report of the following cases would be of interest and add something to the history of that remarkable disease.

CASE I. *Grip, asthma, bronchitis, apoplexy.*—Mr. B., aged fifty-seven years, has had good health, excepting asthma, from which he has suffered for many years. He gives no history of apoplexy in family. He has had repeated attacks of bronchitis complicating the asthma during the past ten years. On April 1st he was taken with chill, fever, severe headache, and pains in the back and limbs. Following this there was congestion of the lungs and bronchitis. The condition was very distressing on account of the asthma. For ten days his temperature ranged from 100° to 103°, the pulse from 76 to 96. He was greatly troubled by hemorrhoids. By April 15th he had greatly improved, and appeared to be getting

[1] Read before the Medical Society of the District of Columbia.

well, but at this date he suddenly became paralyzed, both as to motion and sensation, on the right side, in the leg, arm and face. The paralysis came on without any apparent cause. The muscles about the eye were not paralyzed. Three or four days before, he had complained of not feeling right in his head, that he could not think properly, etc., but it was supposed to be due to the opiates taken to relieve pain and produce sleep. The intellect was greatly impaired. When spoken to, he recognized persons for the moment, but soon lapsed into a condition of apathy. Speech was almost abolished by the probable involvement of the speech-center, and by the paralysis of tongue and pharynx. This condition continued with but little change until May 3d, when he died. The immediate cause of death seemed to be a sudden increase of the effusion in the brain. Treatment consisted in purging by means of croton oil at the first, followed by laxatives to keep the bowels open; bromides were used to allay nervous excitability; ergot and nourishment were given systematically by stomach and rectum.

At first this was a clear case of "grip," with the usual symptoms of fever, headache, pains in the limbs and back of a severe character, sore-throat and cough. The bronchitis was that of the "grip," aggravated by the asthma. The cough was severe and occurred in paroxysms, and may have had something to do with the apoplexy. The urine was repeatedly examined and found normal. The suffering from the hemorrhoids seemed out of proportion to the local disease. The hemorrhoid that gave the pain was internal, and refused to be relieved by suppositories of opium and belladonna, or by cocaine locally, yielding only to hypodermatic injections of

morphia. The paralysis was evidently due to cerebral hemorrhage on the left side, and, from the paralysis of the face being on the same side, was above the base of the brain. The apoplexy came on six weeks after the inception of the grip.

CASE II. *Grip, bronchitis, apoplexy.*—Mr. F., aged eighty-seven years; had apparently no predispotion to apoplexy, and was in good general health. He was a remarkably active and well-preserved man for his age, a clerk in a government office, and very seldom lost a day from his work. He was taken with the grip, April 13, 1891, accompanied by fever, headache, backache, leg-ache and cough.

He was given a fever mixture, and recovered very rapidly from his symptoms, so that I made but three visits, leaving at the last a "tonic of elixir of iron, quinine and strychnine." He was well enough to go down stairs to meals, and on April 26th he said he felt so well he would go to his office the next day. He ate his breakfast with an appetite, and then sat down to read the paper. After a while one of the members of the family spoke to him, and he did not answer. This being repeated, they went to him and found him unconscious. He was carried up-stairs, and when I saw him later in the day he was still unconscious, with stertorous breathing and complete paralysis of the right side of the body, including the face. He remained comatose until death, which occurred on May 15th. He had recovered from the grip, except the exhaustion, and the apoplexy came on two weeks later.

In this case, on account of the great age of the patient, it may be true that he would have had apoplexy if he had not had the grip, but taken in connection with other cases it is of interest.

CASE III.—Mrs. H., aged sixty-seven years; had enjoyed good general health, and had always been active. There was no known predisposition to brain trouble. She had had the "grip" a month previously to the present attack, but had not entirely recovered her strength. For several days previously to the paralysis the pulse was irregular, and there was a great deal of gas in the bowels, with griping and constipation. The morning of the attack there was dizziness and weakness of the limbs, with a feeling of exhaustion. This was May 5, 1891. She lay on the bed to rest, and at 3 o'clock P.M. on attempting to arise she found that she was unable to do so.

When I saw her some hours later I found partial paralysis of the entire right side, including the right side of the face. She could move the arm and leg, but with great difficulty. Speech was very much affected, so that it was difficult to understand her, and it tired her to try to talk.

From that date (May 5th) to this (May 27th) she has been under daily observation, without much change, except that she is now improved both as to motion of the limbs and in power of speech. At times the mind has been wandering. The treatment has consisted of calomel to move the bowels, bromide to allay nervousness, and suppositories of ergotin (0.6 each) three times a day. The calomel produced slight ptyalism and diarrhea. She is now improving in all her symptoms.

In this case, in the absence of other cause, and from experience with the previous cases, I have thought there might be an etiological relation with the prevailing epidemic. The difficulty of speech seemed to be due to two factors: 1. Aphasia from

the effect of the brain lesion; and 2. The paralysis of the tongue and pharyngeal muscles.

CASE IV. *Progressive coma and death following the grip.*—Mrs. F., aged eighty years, was a well-preserved woman for her age, and, until the past three years, in fairly good health. During this latter period she had been suffering from cerebral attacks, with slight paralyses, due apparently to congestion of the brain and effusion. These attacks were usually provoked by indigestion and constipation, and were relieved by purging and bromides. On March 22, 1891, Mrs. F. had sore-throat, fever, headache, and pains in the limbs. There was no tonsillitis. At first, and subsequently, bronchitis developed broncho-pneumonia. The cough caused great distress and loss of rest. This attack of broncho pneumonia ran a course of ten days to resolution, but the patient, instead of rallying to recovery, fell into a stupor, from which at first she was easily roused, but day by day it gradually deepened into complete coma, and she died April 29, 1891.

In this case the coma seemed to be caused by gradual serous effusion into the brain, and was undoubtedly a direct result of the illness caused by the grip.

CASE V. *Rheumatism and rheumatic meningitis following the grip.*—Miss G., about forty-five years of age, had enjoyed good general health. She had an attack of grip the latter part of March, from which she appeared to have recovered. On April 24, 1891, she was attacked with violent pains in all her joints, so that when moved or touched she screamed. There was no fever, no swelling, and no redness of the affected joints. On April 27th the

temperature was 102.5°, and there was swelling, redness and pain in the finger-joints of both hands. On April 28th the fever was the same, with swelling of ankles and wrists. April 29th the thermometer registered 100.6°, and there was no relief from pain. She was at times delirious, with violent headache. From this time on the delirium increased, with retention of urine and constipation. Symptoms of meningitis were marked. On May 9th she was sent to Garfield Hospital, where she died three days later of meningitis.

I have reported these cases as following the "grip," and probably sustaining to that disease a causative relation. My reasons for this belief are:

1st. The sequence. In none of the cases was there any other apparent cause.

2d. The "grip" is a disease attended with well-marked symptoms pointing to derangement of the nerve centers. This is shown by severe and characteristic pains which, during the acute stage, are its most pronounced symptoms, and also by the great nervous prostration that in so many cases follows. This has been universally observed, and has sometimes been extreme.

In one case, a lady forty-five years old, all her life exceptionally well and strong, had a moderately severe form of the disease, and apparently recovered. I had stopped visiting her, when a few days later she sent for me. I found her very much alarmed. She informed me that she knew she was going to die—that she could not walk across the room. I reassured her, prescribed tonics, and she ultimately recovered, but for several weeks she was not able to return to her duties as a department clerk.

One of the cases, that of rheumatic meningitis, deserves special mention. It seemed clearly due to the grip, and the symptoms, in the ordinary sense of the term, were not those of well-defined rheumatism. For several days the violent pains in the joints continued without any sign of inflammation, redness or swelling. When these did appear they were most marked in the finger-joints, hardly at all in the larger joints, although the pain continued. When the meningitis set in the joint-symptoms ceased. It seemed as if some morbid germ, or germ-product, were here at work.

A recent writer (Adenot, *New York Med. Record*, May 9, 1891) gives a list of pathological germs found in meningitis. These are the intercellular diplococcus of Weichselbaum; the pneumococcus of Fränkel; the pneumo-bacillus of Friedlander; streptococcus pyogenes; staphylococcus pyogenes; typhoid bacillus of Neumann and Schaeffer; and the pseudo typhoid bacillus of Roux.

I mention these in detail, because it seems that if so many different pathological germs are capable of causing meningitis, so also may the undiscovered germ of this epidemic malady. In Case IV., which I have called "progressive coma," there was no *apoplexy*, but evidently a gradual effusion, probably of serum, that first produced sopor, then stupor, and finally complete coma, which continued until death. All this followed immediately upon the grip. In this case also there had been previous disease of the brain.

As to the location of hemorrhage in the cases of apoplexy, it was on the left side in all three cases, and

in the cerebrum or central ganglia. This was shown by the right-sided paralysis, and by the paralysis of the face being upon the same side. I have said little of treatment, because the treatment of "grip" is not under consideration, and because in the treatment of the apoplexy there was nothing out of the usual course.

There were no autopsies.

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