

Cerebral haemorrhage as a sequel to pneumonia / by G. A. Gibson.

Contributors

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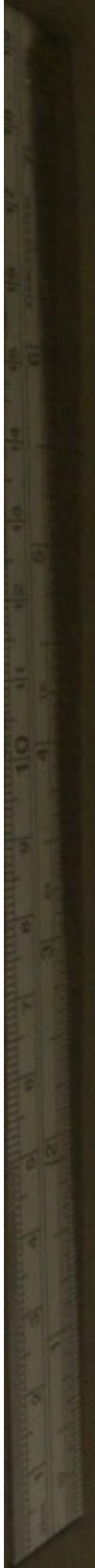
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CEREBRAL HÆMORRHAGE AS A SEQUEL TO PNEUMONIA.

BY G. A. GIBSON, M.D., D.Sc., F.R.S.E., F.R.C.P.E.,
LECTURER ON MATERIA MEDICA AND THERAPEUTICS IN THE EDINBURGH
MEDICAL SCHOOL.

INASMUCH as lesions of the brain cannot be regarded as other than unusual complications of pneumonia, it appears to be my duty to place on record a case of this disease which proved fatal through the occurrence of cerebral hæmorrhage during convalescence; and this duty seems the more pressing since pneumonia forms one of the subjects at present occupying the attention of the Collective Investigation Committee of the British Medical Association.

Mrs. —, aged 50, the widow of a field officer in the Indian Army, sent for me on the evening of the 1st January of the present year, complaining of severe pain in her chest.

Three days before, she had exposed herself to the influence of a chill. Her children having gone to spend the vacation out of town, she had taken advantage of their absence to have some cleaning done in the house, and on the 29th December she had remained for more than an hour in the kitchen, where the window and the door were both wide open. She observed that there was a strong draught of air, but thought nothing of it at the time; in fact, until questioned about possible exposure to cold, she had not realized that she had been running any risk of this kind. On the following day she was a little out of sorts, and on the 31st she began to suffer from the pain. It was at first but slight, and did

not cause her any alarm until about noon of the day on which she sent for me.

The family has been for three years under my care, during which time she had not been once unwell, indeed she frequently assured me that, with the exception of the ordinary troubles of childhood, she had never experienced a day's illness in her life.

The patient's father died of cardiac failure with dropsy at the age of eighty, and her mother of the secondary results of cerebral hæmorrhage in her 76th year. They had twelve children, of whom the patient was one of the eldest. Of her four brothers, one died in infancy, and another was drowned at the age of sixteen, the remaining two being in excellent health. One of her sisters died in infancy, and two were carried off by pulmonary phthisis at the ages of 48 and 52. The other four are alive; three being fairly robust; the youngest however has for some time had a tendency to renal disease, for which she was treated by me. The patient had seven children, three boys and four girls; one of the boys died during infancy in India, but the others are all in good health.

The patient's home for the greater part of her life was in the West Highlands, save for the last three years, which were spent in Edinburgh, and the period from 1865 to 1872 when she was in India with her husband.

When seen on the evening of the 1st January, the patient, who was a lady rather above the medium height, and slender in figure, complained of very severe pain over the whole of the chest, with a constant hard dry cough. There was a slight flush upon the cheek, the skin was moist and hot, and the tongue slightly furred. The temperature in the axilla was 100°, the pulse 112 per minute, and the respirations, which were shallow and superficial, 26 per minute. Careful examination of the

chest gave harsh breathing over the right lung, but no other sign of mischief could be made out either in the lungs or heart. Codeia was ordered for her. The next morning the skin was moist, the tongue was dry and brown, the temperature was 104.6° , and the pulse 120. The breathing over the upper part of the right lung was harsh, and at the base it was of the tubular type. There was no muffling of the percussion note. The urine was high coloured and deposited urates, but it was otherwise normal. A minim of tincture of aconite was ordered to be given every hour, and poultices to be kept to the right side of the chest. Only milk was allowed as food, in small quantities every second hour. In the evening of the same day the temperature had fallen to 102° . The pulse was 122. There was a vivid flush over each malar bone, and there was copious perspiration. The cough was softer. The percussion note over the base of the right lung was high in pitch, and over the dull area fine crepitations were heard. The poultices were continued, and small doses of chloral and spirit of chloroform every third hour were prescribed.

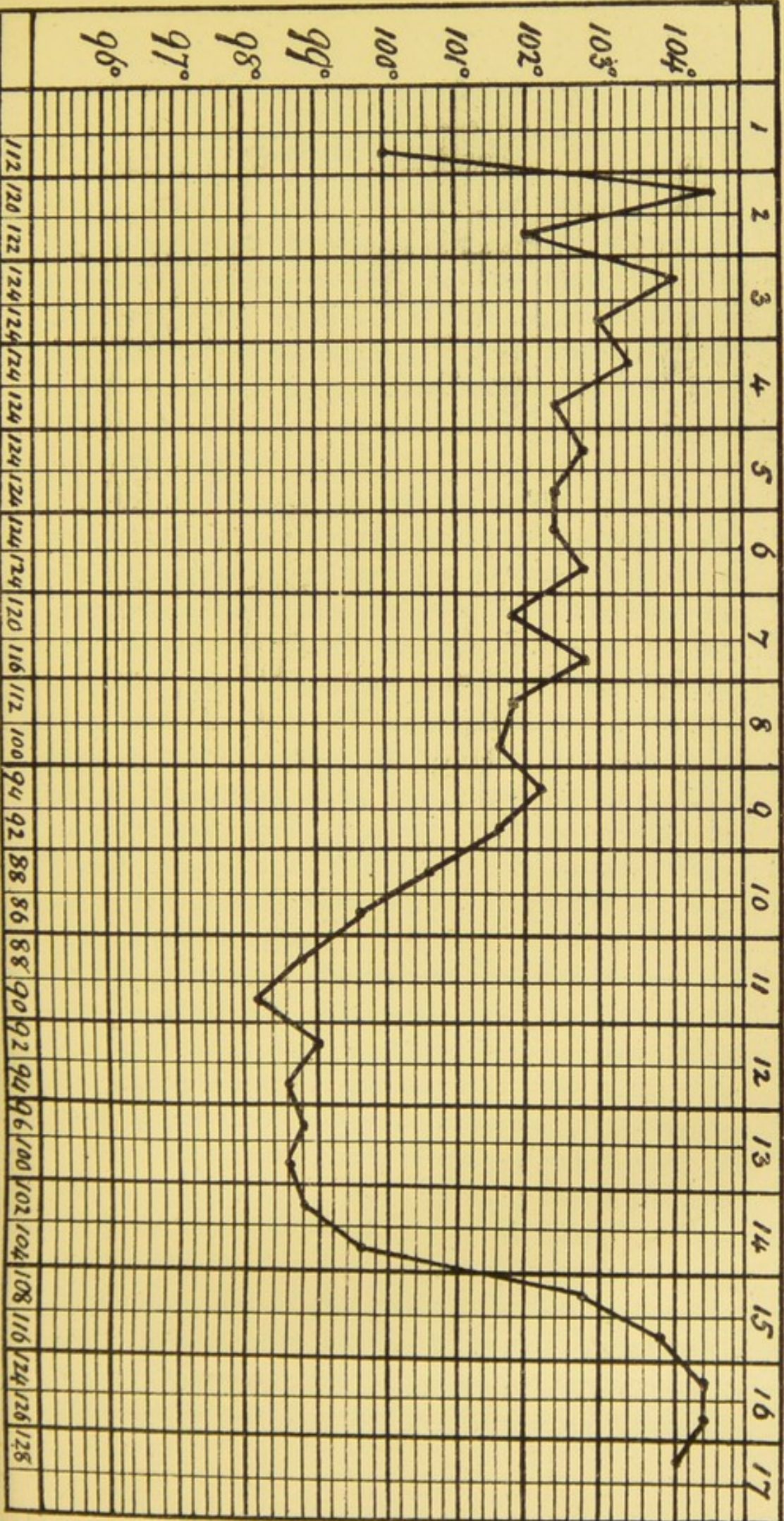
On the following morning (3rd January) the temperature was 104° , and the pulse 124. There was a considerable amount of uncoloured sputum with the cough. The perspiration was copious. The dulness extended over the whole lower lobe of the lung, and crepitation was heard over all this region. The same treatment was pursued, but the diet was carefully arranged—a wineglassful of milk in an equal quantity of aerated soda-water, and a teaspoonful of Valentine's Beef Fluid in water accompanied by a wineglassful of champagne being given every hour alternately. In the evening the temperature was 103° and the pulse 124. The general condition was unchanged.

From this day until the 10th of January there was but little change in the state of the patient. Her strength was well kept up. The temperature varied between 101.6° and 102.8° . The pulse began to lessen in frequency on the 7th, but it was not until the 9th day of the month and of the disease that the temperature began to fall. The subsidence was by lysis; on the 10th, the morning temperature was 100.6° and the pulse 88, while in the evening the temperature was 99.6° and the pulse 86. The daily registration of the temperature and pulse can be seen on the accompanying chart, and it is unnecessary to dwell on the details of the case. The tongue became clean, the lung was clearing up in a satisfactory way, and, convalescence having been reached, the poultices were stopped as well as the chloral. The patient was wrapped in cotton-wool, tonic doses of quinine with dilute sulphuric acid were ordered, and chicken-soup and beef-tea were allowed with some simple farinaceous food.

On the 11th the pulse increased in frequency and became somewhat harder. On the evening of the 13th it was 100, the temperature however remaining steady.

The following day, the evening temperature had risen to 99.6° and the pulse was 104. The patient complained of slight headache with considerable discomfort, and she was perspiring profusely.

On the morning of the 15th the temperature was 102.8° and the pulse 108. The patient was much flushed, bathed in perspiration, and still complained of her head. Examination of the chest showed that there was no relapse so far as the pulmonary condition was concerned, and no sign of mischief could be found in any of the thoracic or abdominal organs. It seemed probable that the unfavourable change depended on some cerebral complication. The symptoms however, were entirely negative save



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for the pain in the head. There was no change in sensation or motion, no disturbance of the mental powers, not even an alteration in the size of the pupil. In the evening the condition of the patient remained much as it was in the morning, but the temperature had risen to 103.8° , and the pulse had increased to 116. The only treatment used consisted in the application of an ice-bag to the head.

On the morning of the 16th the patient was found to be quite unconscious, and she lay quietly moaning. The pupils were normal. There was no trace of paresis or anæsthesia. The temperature was 104.4° and the pulse 124. In addition to the continuance of the ice-bags, antipyretic doses of quinine were given. She was seen twice during the day, and her condition was each time found to be worse than on the previous visit. She sunk into profound coma. The temperature fell to 104° , but the pulse retained its frequency. In the evening the temperature rose again to the same point as in the morning, and the pulse increased to 126. There was no change in the general condition.

On the morning of the 17th the temperature was 104° and the pulse 128. There was total paralysis of the whole of the right side, including the face. The patient sunk rapidly during the day, and died early in the afternoon. I was unable to have an inspection of the body.

There are several points of interest in the case upon which it may be well to touch briefly. In the first place the pneumonia was certainly not caused by infection. The patient lived in one of the healthiest parts of the city, and the most diligent enquiries failed to discover any other case of pneumonia in the neighbourhood. Moreover, the history of the attack seemed to prove that the exposure to cold which has been described was the cause of the malady.

The only fact about the course of the pneumonia itself which deserves mention is, that throughout the disease the sputum remained untinged. With regard to the cerebral complication the diagnosis of the lesion lay between hæmorrhage and thrombosis. Embolism may be excluded, not only on account of the gradual evolution of the cerebral symptoms, but also from the absence of any cardiac affection. It is often far from easy to distinguish between thrombosis and hæmorrhage, and this case presented considerable difficulty. Heredity must be taken into account, and as has been stated the patient's mother died of cerebral hæmorrhage. It has come to my knowledge also that a sister of her mother died from the same cause, and although the patient's kidneys were healthy, her sister has a strong tendency to renal disease in a chronic form. All these facts point to extravasation as the cause of the cerebral symptoms, while, on the other hand, there is no fact which would support the idea of thrombosis, and the only legitimate conclusion seems to me to be that cerebral hæmorrhage was the cause of death. Somewhat curiously the patient's husband died of cerebral hæmorrhage two years before her.

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