

Tables for the diagnosis of diseases of the brain / by J. Russell Reynolds.

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TABLES

FOR THE

DIAGNOSIS OF DISEASES

OF THE

BRAIN.

BY

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T A B L E

CONTENTS OF VOLUMES

B R A N C H

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THE following Tables are constructed for the use of students and others who may find some difficulty in applying their general knowledge of cerebral diseases to the diagnosis of particular cases.

The diagnosis of disease is either a rational inference from a number of facts, or it is the result of a ready and almost direct perception.

When arrived at according to the former method, it is not by the discovery of one or more external phenomena which are peculiar to a certain internal lesion, for such pathognomonic symptoms are extremely rare: but it is by an examination of many characters, common to a large number of diseases, but presented in different proportions by them all.

The second method of diagnosis is the result of a long-continued application of the first; a clinical familiarity with disease having rendered the physician capable of at once recognising a particular malady by one or more of its most characteristic features. Diagnosis by this method is similar to that by which we recognise a well-known face. We may be unable so to describe or draw the lines with which we are familiar that a perfect stranger should be prevented from being led astray by strong family similitude; but after long and intimate acquaintance we are placed almost beyond the possibility of error, and in proportion to the completeness of our knowledge of the individual do we lose sight of the family resemblance.

Neither books nor tables can enable the student to diagnosticate diseases according to the second method; he will arrive at this only by clinical experience, but books or tables may render great assistance in the preliminary process. By their aid the student may make approximative diagnoses where otherwise he might be lost in mystery or confusion, and they may thus assist him to lay the basis of a more valuable, because self-acquired, information.

These Tables include only the more common diseases of the brain, roughly separated into four large groups. They do not attempt to describe all the features of these diseases, but to place in opposition to one another those which present the most striking differences.

The general character of each group is stated at the commencement of each Table—then the diagnosis of particular diseases is arranged in a tabular form, and a Rule is appended for the purpose of suggesting an order in the examination of symptoms.

I.—THE ACUTE FEBRILE DISEASES.

GENERAL CHARACTER:—Febrile disturbance, more or less marked; together with signs of exalted nervous activity, passing, through ill-defined stages, into nervous inactivity; *e.g.* Delirium changing into coma, spasm giving place to paralysis, &c.

Name of Disease.	Premonitory Symptoms.	General Disturbance.	Mental Changes.	Sensorial Changes.	Motorial Symptoms.
SIMPLE MENINGITIS.	Absence of cachexiæ; presence of disease in ear, or nose; or accidental injury, blow on head, exposure to sun.	Fever high, without marked prostration. Constipation obstinate. Conjunctivæ red. Head not. Continued vomiting. Pulse, at first high, then alternating; at last thready.	Great excitement; furious delirium, at first alternating with, and then giving place to somnolence; with, occasionally, return to normal state. Subsequently deep coma.	Continuous and violent headache after delirium sets in; great intolerance of light, sound, and movement. Numbness, diplopia, tinnitus, &c. Subsequently, anaesthesia.	Muscular twitchings; contracted pupils. In children, especially, general convulsions. In adult, partial convulsions, alternating with, and passing into, paralysis.
TUBERCULAR MENINGITIS.	Nutrition impaired; tubercular diathesis recognisable: in child, febrile attacks, headache, giddiness, restlessness, variability, peevishness, staggering gait.	Fever slight; flush and pallor of face alternating; pulse variable, easily quickened. Vomiting, and constipation obstinate. Course of symptoms often remittent. In adult, abatement of chest symptoms.	Restlessness; slight delirium at night, irritability of temper, especially in children; subsequent drowsiness. Dull, bewildered aspect, in adult, with mutism. Supervention of coma after variable and sometimes lengthened period.	Headache not extremely severe; expression of distress, rather than intense suffering. In children, sharp, peculiar cry. In adult, pain fixed to one spot; no great intolerance of light or sound. Finally anaesthesia. Duration of excitement variable.	Restless movements; clonic spasms; strabismus; pupils oscillating; in child, especially, convulsions, followed by paralysis. In adult, partial convulsions; finally general paralysis.
RHEUMATIC MENINGITIS.	Acute articular rheumatism.	Patient generally weak and exhausted.	Violent, furious delirium, followed by coma.	Headache intense.	Partial, or general convulsions.
CEREBRITIS, GENERAL.	Absent altogether.	Very slight fever; pallor of face; low pulse; occasional vomitings; subsequently rapid pulse.	Dulness; drowsiness; with mild delirium at night, and these rapidly succeeded by coma.	Deep-seated, oppressive headache; without intolerance of sensorial impressions: rapidly succeeded by anaesthesia.	Nothing at first; but subsequently two or three convulsive paroxysms; followed by general paralysis.
CEREBRITIS, PARTIAL.	General failure of intellect; headache; loss of power on one side.	Slight fever, and vomiting, with general malaise.	Deficient intellect, followed soon by coma.	Pain in head; anaesthesia in limbs of one side.	Irregular spasmodic movement, with paralysis, commonly hemiplegic.
CONTINUED FEVER and gastric remittent in children.	Rigors, and symptoms proper to fever of specific type. Diarrhoea; epistaxis; restlessness, &c.	Peculiar exanthemata; dull, muddy face; abdominal pain; great prostration; pulse not notably variable; vomiting not persistent. Great heat of skin in remittent; with diarrhoea.	Oppression of intellect; dull, muttering delirium; marked in proportion to fever.	Pain oppressive, disappearing when delirium sets in.	Spasmodic twitchings.
ACUTE MANIA.	Change in manner, or mode of life; in thought, or feeling.	Fever slight.	Delusions; occasional delirium.	Pain not complained of; but peculiar sensations relating to delusions.	Nil; or apparent increase of muscular power.

RULE.—If they are not present, or fail in explaining all the symptoms, exclude successively continued fever, rheumatic fever, and tubercle; then form the diagnosis between simple Meningitis, Cerebritis, and Acute Mania.

II.—THE APOPLECTIC DISEASES.

GENERAL CHARACTER :—With or without premonitory symptoms, an individual is suddenly deprived, to a greater or less degree and extent, of mental, sensorial, and motorial power.

Name of Disease.	Premonitory Symptoms.	Mode of Attack.	Mental Changes.	Sensorial.	Motorial.
CONGESTION.	Generally well-marked for some time; <i>e.g.</i> , obtuseness of intellect and sensation, with sluggishness of movement, vascularity of integuments of head, cold feet, disordered secretions, no severe pain.	Premonitory symptoms aggravated. Attack occurs during exertion, straining, or stooping; and is not notably sudden.	Complete loss of consciousness rare; but always great confusion. Speedy return of some consciousness; when lost, for a few minutes only. Obtuseness afterwards.	Total anaesthesia rare, except for a few minutes. Both sides of body about equally affected; but neither very severely; and recovery rapid.	Paralysis general in extent, but not fully developed. No stertor. No rigidity; but occasional clonic spasms. Paralysis disappears as consciousness returns.
HEMORRHAGE.					
A. CEREBRAL.	Prodromata exceptional; pain sometimes immediately before attack.	Attack sudden: not infrequently renewed after a few hours, and then also sudden.	Sometimes intellect not in the least affected; more commonly, profound coma lasting for a few minutes; then recovery, or delirium.	Unilateral anaesthesia, not complete in degree. Sensibility soon returns. Hyperaesthesia very rare.	Hemiplegia almost universally; completely developed at first; arm more deeply affected than leg. Stertor and involuntary evacuations; no rigidity, nor convulsion.
B. VENTRICULAR.		Often follows attack of cerebral haemorrhage.	Coma profound, and persistent.	Bilateral anaesthesia, dilated pupil, &c.	General paralysis. Rigidity, or convulsions.
C. ARACHNOID.	Pain in head, common. Oppression of intellect more rare.	Attack gradual; course of symptoms sometimes remittent.	Slowly developed, but at length complete coma.	Sensibility frequently retained.	General in extent, but imperfect in degree. Rigidity, or clonic contractions.
SOFTENING, or partial Cerebritis.	Generally slight, and those of congestion; or of imperfect sensation and motion on one side. Disease of chronic character, not uncommon in other organs.	Either sudden, or gradual. Transient delirium preceding attack (highly characteristic).	Coma apparently profound, but patient can be partially roused from it sometimes. Intellect remains damaged, after immediate symptoms of attack have disappeared.	Anaesthesia not well marked; sometimes followed by hyperaesthesia; sensation of numbness and cold; pain in head.	Hemiplegia. Speech almost constantly impaired. Rigidity, or clonic spasms in paralysed limbs.
URINÆMIA from "Bright's disease."	Signs of morbus Brightii; amaurosis, drowsiness, slight stertor, and headache.	Usually preceded by convulsions (see Table III.), sometimes not, but sudden.	Coma; from which patient may be partially roused, alternates with mild delirium.	Generally, simple sensation remains; although patient may not recognise cause.	Respiration retarded; peculiar stertor (in mouth?); clonic spasms, or rigidity, varying in position.

RULE.—Ascertain first the presence or absence of Urinæmia; if it is excluded, determine whether or not congestion will account for all the symptoms; if it will not, frame the diagnosis between hæmorrhage and softening.

III.—ACUTE CONVULSIVE DISEASES.

GENERAL CHARACTER.—The paroxysmal occurrence of loss of consciousness, and partial or general involuntary muscular contractions; preceded or followed by signs of nervous or general disease, and lasting for so limited a time that the term "acute" may be applied in its ordinary nosological sense.

NAME OF DISEASE.	PRECURSORY SYMPTOMS.		Immediate or apparent cause.	CHARACTERS OF ATTACKS.				SEQUELÆ, OR INTERPAROXYSMAL SYMPTOMS.			
	General.	Nervous.		Loss of Consciousness.	Convulsions.	Stupor.	Recurrence of Attacks.	General.	Mental.	Sensorial.	Motorial.
A. ECCENTRIC:— SPECIFIC DISEASES, such as exanthemata.	Child under six; general health good; no known predisposition; malaise for a few minutes or hours.	Absent.	Exposure to infection.	Loss of consciousness, not complete.	Not severe convulsions; duration short.	Trifling or absent.	Rarely more than one or two, recurring quickly.	Development of specific fever.	Nothing.	Nothing.	Nothing.
IRRITATION, such as dentition, gastric disturbance, &c.	Distinct disturbances of one or more organs; <i>e.g.</i> ascarides in rectum.	Slightly marked irritability.	No exposure to infection; has had exanthemata, bad feed, or constipation.	Not complete.	Severe.	Trifling or absent.	Two or three, not very quickly recurring.	Signs of eccentric irritation.	Nothing.	Nothing.	Nothing.
B. CENTRIC:— DYNAMIC, or idiopathic.	Absent.	Signs of increased spinal irritability; well marked; <i>e.g.</i> strabismus, grinding of teeth, starting.	Emotional shock; or any or no accidental disturbances.	Complete loss of consciousness.	Not very severe.	Present, but not of long duration, and not profound.	Return after a few days or weeks.	No signs of specific disease, or of eccentric irritation.	Nothing.	Nothing.	Excess of mobility; spinal irritability.
CONGESTION.	Absent.	Obtuseness of intellect; dull headache; cold extremities; sluggishness. See Table I.	Stooping; straining; constipation.	Complete for a time, but soon returning partially.	Epileptiform in character, but no "cry."	Long, but not profound, stupor.	Recurrent, indefinite, but scarcely ever rapid.	Fulness of cranial vessels; heat of head; dusky face; no signs of diathetic disease.	For a short time, great, but variable, dulness of intellect; memory bad; feeling of oppression; drowsiness.	Headache, diffused in limbs; tingling in limbs; tinnitus aurium; sensibility retained in limbs.	General muscular feebleness and inactivity; not any limited paralysis.
SOFTENING.	Patient often suffers from some chronic disease, affecting nutrition.	Pain in head, not severe, but often long continued. Mental feebleness; impaired motility on one side; little "attacks" of unconsciousness, with or without apparent spasm.	Frequently nothing discoverable.	Complete.	Epileptiform; often one side more than another; and very violent.	Coma long, and profound.	Often many attacks, recurring in rapid succession.	Nothing distinctive.	Increased obscenity; occasionally alternating with delirium; and mental symptoms persist.	Headache; pain in limbs; and anæsthesia in paralysed limbs.	Paralysis, commonly hemiplegic, highly marked; with rigidity, or clonic spasms.
TUBERCLE OF BRAIN and TUBERCULAR MENINGITIS, assuming convulsive form, especially in the child.	Evidence of tubercular diathesis, or of hereditary predisposition. Irregular febrile attacks, vomiting, and constipation.	Pain in head (more common in adult than child); strabismus; irritability of temper.	Nothing of diagnostic value.	Complete in tubercular diathesis; sometimes incomplete, or absent when tubercular mass.	Severe, sometimes one side more than other; character epileptiform.	Not marked until after several attacks.	Repeated quickly, and attacks both numerous and severe. Prolonged convulsions characteristic of tuberculous mass.	Febrile, or quasi-febrile condition, usually developed; with peculiar alterations of pulse.	Moaning, and great depression. After several attacks profound coma.	Headache; with blindness or deafness.	Weakness of limbs. Paralysis, or rigidity. Sometimes paraplegia (deposit in cerebellum). Percussion, irritability of muscles great.
URINÆMIA.	Signs of Bright's disease; œdema of feet, or eyelids; albuminuria, &c.	Drowsiness, or headache; or total absence of symptoms.	Exposure to cold; or nil.	Variable; often complete.	Irregular; spasmodic twitchings.	Continued, but peculiar, and not profound.	Very frequent, but not severe.	Signs of diathetic disease: ammoniacal vapour in breath, &c.	Peculiar coma, like that of narcotic poisoning; patient easily roused to some consciousness.	Sight not rarely lost. Anæsthesia of limbs rare.	Rigidity, or clonic spasms, varying in locality, and often alternating.

RULE.—Determine first the probability of a specific disease; if it is excluded, examine for Bright's disease, and eccentric irritations; if they fail to account for the symptoms, ascertain if there are any symptoms over and above those which may be referred to either idiopathic convulsions or congestion; if so, diagnose between softening and tubercular disease.

GENERAL CHARACTER :—The existence of two or more of the following symptoms : headache, with loss of intellect or delirium ; anaesthesia and hyperaesthesia ; paralysis and spasms ; partial or general convulsive paroxysms ; systemic diseases.

NAME OF DISEASE.	GENERAL HEALTH.	MENTAL STATE.	SENSORIAL.	MOTORIAL.	CONVULSIVE PAROXYSMS.			
					Loss of consciousness.	Contractions of Muscles.	Stupor.	Recurrence.
NERVOUS DISTURBANCE, or CONVULSIONS, dependent upon gastric, intestinal, uterine, or other disease.	Indications of various diseases ; gastric, renal, uterine, and hepatic ; disordered secretions.	Some irritability of temper, or depression of spirits ; but no marked mental change.	Headache, often intense, generally diffused ; relieved by society and diversion. Aching in limbs. Pain in distant organs. No anaesthesia.	General lassitude ; no paralysis ; tremor, and clonic spasms not rare.	Complete or not ; see Urinæmia, and eccentric convulsions, Table III.	Usually violent, and epileptiform in character.	Not highly marked.	Attacks usually few in number, and repeated in variable, often long intervals, referable to some disturbance of system.
HYSTERIA.	Variable. Uterine disturbances common. Constipated bowels. Nausea ; flatulence ; palpitation of heart.	Defective will ; idea and emotion in excess ; laughing, sobbing, listlessness, or impatience ; disposition to exaggerate ailments.	Headache ; pain under left mamma ; constriction of chest and throat. " globus hystericus," and various abnormal sensations. Cutaneous hyperaesthesia, without much tenderness.	Sluggishness of voluntary movements. Excessive motility, starting and spasm following emotion, sensation (sudden noise, &c.), sometimes paralysis.	Rarely, if ever, complete. Patient appears to know and observe. Eyes twinkling, pupils not dilated.	Disorderly movements ; sobbing, and other affections of respiratory muscles. No biting of tongue ; no foaming.	Often none ; but much general exhaustion.	Sometimes very frequent ; but more commonly not until after interval of several days or weeks.
EPILEPSY, simple or uncomplicated.	Good.	Nothing distinctive. After many attacks, failure of memory not uncommon.	Nothing.	Occasional clonic spasms, or tremor ; but often nothing.	Complete and sudden ; often before, and sometimes without any, spasm. Face dusky. Eyes utterly divergent, pupils dilated.	General ; at first quastonic, with impeded respiration and cry ; then clonic, with snoring, foaming, and bitten tongue ; then apparently voluntary, even before turned.	Marked, and accompanied by stertor ; cool surface, and sweating. Pupils often contracted.	Sometimes 3 to 6 or 8 in a day, then absent for 2 or 3 weeks. Sometimes only one at a time. Tendency to recur periodically.
CHRONIC MENINGITIS (without developed insanity).	Impaired, slightly. Heat of head ; vomiting ; constipation ; flush of face ; febrile attacks at night. All slight in majority of cases.	Combination of restlessness, irritability, and occasional delirium, with failure of memory, power of attention and apprehension ; both gradually increasing, but nearly equally developed.	Pain in head ; dull, diffused, increased by organic disturbance. Annoyance from light, sound, &c. Loss, or deficiency, of sight, hearing, or cutaneous sensibility.	Disorderly spasmodic movements ; with partial (sometimes very limited) paralysis, e.g. one group of muscles only.	Not complete in majority, but attacks sometimes epileptiform and then complete.	Rarely general ; one side or one group of muscles only affected ; and this sometimes without consciousness affected.	If attack epileptiform, stupor prolonged, but not profound. More commonly no stupor at all.	Very variable ; sometimes many slight attacks in one day. Often months pass without return. No periodicity.
TUMOUR.	Signs of dyscrasia, such as tubercle, or carcinoma. Heat of head, vomiting, febrile attacks, &c., probably due to chronic meningitis.	Partial loss of memory ; weakened intelligence ; depressed spirits. Or, no morbid condition whatever.	Headache ; violent, paroxysmal, localised, exaggerated by sensorial impressions, or movement, or forced respiration. Anaesthesia, and hyperaesthesia, local. Loss of sight, &c., common.	Limited paralysis ; or convulsive seizures, sometimes epileptiform. Convulsions more common when cerebellum affected.	Complete in epileptiform attacks ; but paroxysms occur, without any obscuration of intellect.	Resembling chronic meningitis, and often very severe ; irregular ; and not passing through phases of epileptic paroxysm.	Unless attacks are epileptiform, stupor rare ; and even in epileptiform not profound.	Variable ; sometimes great frequency immediately preceding death.
CHRONIC SOFTENING.	Absence of morbus Brightii, of tubercle, carcinoma, &c. Presence of vascular disease.	Most characteristic feature is diminished intelligence. Delirium, occasionally mild and monotonous.	Headache ; weight and confusion. Numbness of limbs. Special senses rarely affected.	Paralysis, slowly developed, and incomplete in degree. Tonic spasm, and occasional epileptiform attacks.	Complete and persistent.	Not highly marked.	Long-continued, but not profound.	Less frequent than either tumour or chronic meningitis.

RULE :—Determine the presence or absence of hysteria ; if it can be excluded, ascertain the existence or non-existence of eccentric disease ; next determine whether simple epilepsy will account for all the symptoms ; if it will not, examine chronic meningitis in the same way ; and lastly, chronic softening and tumour.

BY THE SAME AUTHOR.

THE DIAGNOSIS OF DISEASES
OF
THE BRAIN, SPINAL CORD, NERVES,
And their Appendages.

PREPARING FOR PUBLICATION.

CHRONIC CONVULSIVE DISEASES.

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