

THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

Original Communications.

PACHYMENINGITIS HÆMORRHAGICA INTERNA.*

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I have much pleasure in showing the dura mater and subdural false membrane with clot, from a case of this somewhat rare disease. Clinical notes of the case are as follows:

R. H., æt. 59; tailor; married; born in Yorkshire, Eng. Has always been in fair health till for past few months (a rather indefinite time), has suffered from constant and well distributed vertical headache. For many years had used alcohol, and for last six years to great excess, his wife telling me that every other night he would be wildly drunk, so that they had to lock him up in the house, and that every day he was "soaking." He had not the appearance of a drinker, but was of spare thin frame, medium height, nervous temperament, and a good specimen of the thin apoplectic. His wife volunteered the statement that she had noticed distinct change of character and temper for the past two years, irritability and "nervousness" being marked.

I saw him first at my house on Sept. 9, '94, and for the headache gave bromide and a laxative pill, from which later, he reported no benefit. On Sept. 11, I was sent for to his house, as he was said to have had a "stroke." I found that about an hour before, about 8 p.m., on his way home from the shop, he had fallen in the street, and that there was a transient crossed paralysis, without nausea or convulsions, affecting sensation and motion of left side of face, and of right arm. The legs had recovered, if affected at all. He said that they had given way under him; but they were normal in both sensation and motion

when I saw him. The tongue was protruded slightly to left side, and the disturbance of speech was not aphasic, but motorial, the tongue and lips being slightly paralyzed. Temperature about 98° F.; pulse about 80 and regular. Arteries (radial) stiffened, but not calcareous, and tension not apparently very high. Apex beat of heart in nipple line, but not much lowered; possibly some slight hypertrophy. No murmur, and sounds rather weak; second sound accentuated relatively, but not, I think, absolutely. I diagnosed it to be a case of hæmorrhage low down in the pons, so as to be below the decussation, but high enough to include the facial fibres on their way out. Urinary system apparently normal, as on the eighth day there was no trace of albumen.

Gave ergot and the bromides, but did not apply ice to the head. Coma gradually deepened, though at first he would rouse of his own accord when anyone entered the room, and was always rational, only apparently sleepy. Ate and drank fairly well. Power of speech gradually failed, and tongue grew dry, brown, and very foul. Temperature rose on 7th day a little, 8th day 101½° F., 9th day 101¾° F. (axilla), and 11th day 104° F. (axilla), eight hours before death. Pulse slowly quickened, till 9th day it was at 120, and 11th day 160 or so. Respiration also began to fail about 8th day, rising to 30 on that day, 50 on the 9th day, with opening of nares and sinking of apices and base of thorax on inspiration. It was not slowed at any time. Cyanosis was marked in face, veins of extremities full, capillary circulation feeble. No evidence of pneumonia, but possibly some slight hypostatic congestion; no fine crepitation. No heart murmur. Pupils were at first mobile, moderately distended, reacting well to light; later on became small and fixed. Remained equal throughout. Urine and fæces were voided in bed for last four or five days. Fibrillar tremors of tongue and twitching of eyeballs were seen for last two days, but death occurred very easily, apparently from respiratory failure, on the 11th day. The skin was sometimes very wet with perspiration, even while the temperature was high.

Post-mortem.—Done by Dr. L. M. Sweetnam and myself, about 24 hours after death. Only the cranium opened.

* Read before the Pathological Society of Toronto, Oct. 27, 1894.