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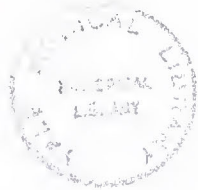
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Dissertations
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XVI.

Dissertation
on
Apoplexy.

By
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Candidate for the degree of Doctor in Medicine.

Apoplexy.

Apoplexy has, by different authors, been divided into many species, as into Apoplexia sanguinea, apoplexia serosa, apoplexia traumatica, apoplexia suffocata, apoplexia mentalis &c. The above mentioned names have been given to different forms of this disease as it was supposed to be produced by different causes. And there has been a great deal of discussion concerning the proximate cause of apoplexy; but it would appear that these discussions were of little utility in reference to the treatment of this disease, as it is nearly if not quite impossible to decide from the symptoms whether an extravasation of blood or of serum has taken place; or whether there is merely an engorgement of the blood vessels of the brain. And if it were possible to discover the exact pathological condition of the brain, it

would not materially modify the treatment. All cases of apoplexy are to be treated upon the same general principles. There is not a distinct course of treatment for serous apoplexy and an entirely different method for sanguinous. The details must be varied according to the age and constitution of the patient — the severity of the disease or other accidental circumstances. There is no class of apoplectic affections which requires a distinct system of management.

Predisposition. There are certain circumstances which predispose to apoplexy. Peculiar conformations of body, as a large head, a short, thick neck, a florid complexion, broad shoulders, short stature with a tendency to corpulency indicate the apoplectic figure. Also at a certain period of life, this disease usually makes its appearance, that is between the

fortieth and sixtieth year; although it sometimes occurs at an earlier period of life. Certain habits of life also predispose to it. These habits are such as tend to produce a general state of plethora, to drive an undue quantity of blood to the brain, or to prevent its free return to the heart. Hence it is that full living, habitual intoxication, too great an indulgence in sleep, intense and long continued thought, have always been accused of leading to apoplexy.

It is rare that an attack of apoplexy occurs without premonitory symptoms, though these are often so transient and variable as not to be regarded, while the general health remains good. These premonitory symptoms are a sense of fullness in the head, giddiness, throbbing of the carotid arteries, ringing in the ears, head-ache, temporary loss of recollection, numbness in some

part of the body, and partial paralysis.

Symptoms. In a paroxysm of apoplexy the patient falls down suddenly with a total abolition of sense of motion and lies like a person in a deep sleep. Sometimes the apoplectic seizure commences with an acute pain in the head, sickness of the stomach and transient loss of memory. After a few hours the patient gradually sinks into a perfect coma. Sometimes the disease commences with a paralysis of some part of the body and the patient gradually passes into a comatose state. In whatever way the attack commences there are certain appearances which demand the attention. The pulse, at first, is small and irregular; but as the system recovers from the shock, it becomes strong, and slower than natural. The breathing is difficult, slow and sometimes irregular. This laborious breathing, in the severer forms of the

disease, is accompanied with stertor.

There is, in some cases, a frothy saliva excreted from the mouth, and blown away from the lips with considerable force. The skin is usually warm and covered with perspiration. The face is commonly pale; and the pupils dilated. The muscles of deglutition are generally so much impaired as seriously to interfere with the administration of medicines. The bowels are very torpid, so as to resist the action of powerful cathartics, as is usual in cases of cerebral congestion.

Prognosis. In forming our prognosis, we should be influenced by the duration of the fit and the severity of the symptoms present. If the patient has given evidence of feeling when a limb has been grasped, or the lancet used; if the pupil obeys in a certain degree the stimulus of light; if the power of swallowing has not been totally

lost; if there is no stertor, or if the premonitory symptoms were not strongly marked, there are some hopes of a recovery, yet it is rare that a complete recovery takes place: a palsy of some part of the body may remain, or the memory be injured, or an imbecility of mind be left. But, besides this, in every case where a decided apoplectic attack has taken place, a relapse is to be dreaded; and recovery from a second attack, though sometimes witnessed, is a rare event.

Appearances on dissection. Extravasation of blood in some part of the encephalon, is by far the most common appearance. Such extravasation may take place in any part of the brain or on its exterior surface. It may proceed from the arteries or veins. The quantity of fluid effused is as various as its situation; and the violence of the symptoms is found to bear a reference partly to the quantity, and partly to the seat

of extravasation. Slight effusions are considered to be more dangerous in some parts of the brain than in others. For example, it is believed that an effusion upon the medulla oblongata is accompanied with more alarming symptoms, than when occurring in the anterior lobes of the brain. The next most usual appearance in those who die of apoplexy, is the effusion of serum, either upon the surface of the brain, or within the ventricles. In some cases, there is found great engorgement of the blood vessels, but without extravasation of blood or effusion of serum. These are the usual appearances presented on examination of those who die of apoplexy, but now and then a case presents itself, in which no morbid condition of the brain can be discovered.

Treatment. When an attack comes on, bleeding is the first and most important remedial measure. This lessens the circulation of blood in the brain and

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favors absorption. It is advantageous to abstract a large quantity of blood in a short time, and for this purpose it might be advisable to open a vein in each arm at the same time. All ligatures should be removed from the neck, and the head should be elevated. Cold water or ice should be applied to the head, stimulating injections administered, and as soon as the patient can swallow, he should take a drop of croton oil every two hours, till the bowels be moved. The patient should be placed in a large, airy room, and every thing which has a tendency to excite the brain should be removed, such as light and noise. *Emetics and tonics have been recommended by some. Where an individual is ^{seized} with apoplexy immediately after taking a full meal, an emetic might be advisable; but even under such circumstances it would be improper to rely upon it, to the exclusion of all other remedies.

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Prevention. Apoplexy is a disease so exceedingly fatal, that prophylactic measures should be used, whenever there are any indications of its approach and frequently such exist. Preventive measures consist in avoiding everything likely to excite the heart to undue action, or that hinders a free return of blood from the head. Particular causes which predispose should be ascertained. If it consists in repelled eruptions or suppressed evacuations, they should be restored. If full diet or the use of intoxicating liquors have caused indications of this disease, the habits should be changed. If there are any symptoms of paralysis, bleeding and purgation should be resorted to. Those threatened with apoplexy should lay aside all business that occasions anxiety of mind, or that requires much mental effort, should take moderate exercise, be careful in their diet, lay aside all stimulating liquors and sleep but little. They

should be careful to avoid the extremes
of heat and cold. Sometimes an attack
can be averted for quite a number
of years by such measures.

George Page

Med. Insti. Y. C.
Jan. 1843.



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