Apoplexy

Coma coming on suddenly. No longer needed to distinguish a single form of disease. It rather applies to a group of symptoms which occur in Embolism. Cerebritis, congestion of brain. Clot from disease of blood-vessels, poisoning by urain &c. It does not always occur when haemorrhage has taken place into the brain. Indeed it does not as a rule unless clot occupies pons, ventricles or a large mass on hemisphere or arachnoid sac. Pathologists now prefer to describe extravasation into & congestion of brain separately.

<u>Nervous apoplexy</u>. Formerly people found dead, barely died suddenly of coma were said to have died of N. apoplexy. This is rare now as we find most of the cases due to Embolism, uraemic poisoning, disease of heart or they may even die of suffocation.

<u>Serous apoplexy</u> in which excess of serum was found in pia mater & ventricles. Now doubted by best pathologists. Facts which justify the doubt 1 No necessary relation between the effusion & the symptoms. 2 Exists in pia mater & ventricles of old people & after many forms of death as intemperance

apoplexy, exhausting diseases 3 It is often poured out during the death agony. 4 Often poured out rapidly. held that the serum did not cause the symptoms but the general congestion did. So that serous apoplexy is now not recognized. Trousseau doubts the fact of congestive apoplexy also

Hæmorrhage into Brain. Maybe minute capillary extravasations size "of pins" head; between this & the large extravasations you may have every grade & degree. When is the blood extravasated? Most often into substance of brain & then the membranes & then substance of corpus striatum & thalamus optici 3 1/3 times as often into them & substance around as all other parts put together. Rare in cerebellum, pons & medulla seldom in fornix or corpor quadrigen. The blood coagulates colouring matter is absorbed gradually until the clot becomes colourless. Clot gradually becomes firm & is absorbed. At end of 3 week with microscope you will discover crystal of hæmatin & oil globules. The brain substance around the clot is The walls are rough jagged & if you wash it you may discover rough & haggy vessels like those of chorion these becomes stained with colouring matter of the blood In from 4-8 day reaction is set up around the clot, the connective tissue begins to proliferate & a cyst forms around it by proliferation of connective tissue of brain. Here you fear too strong reaction & consequent cerebritis. In from 10-11 days a distinct membrane may be found this membrane secretes a serous fluid tinged with colouring matter of the blood, then it becomes strain coloured & finally colourless. It may remain as a distinct cyst or if small the walls will collapse & you have a cicatrix. Secondary changes also may occur. when her recovers not only does

clot become absorbed but softening, fatty may occur. The little blood vessels around the patch having become occluded, atrophy of those fibres around the diseased part may occur. This leads to important results. If substance lost be considerable there will be a lend to form a vacuum but it is made up for by a
a varicose conditions of the veins will be induced & so a predisposition to fresh attack. Found last

Meningeal apoplexy. rarer form but not uncommon in old persons into the arachnoid. It becomes surrounded by a cyst connected with parietal & visceral layers & all the blood may be absorbed & oedema result, or this also may be absorbed & leave a calcareous case. occasionally the blood does not become encysted but is gradually absorbed. Symptom of 2/3/71

Haemorrh. Prim fr. present, & neat always manifest. as excellent or depress or perversion of functions of brain viz sensation, motion or mental operation, & death whether emotion memory. We may have for & ampl. numbness or excess sensation or hyperaesthesia or formication or twitching of muscle or rigid or weakness or purity, speech lesser, subtle of light, or failure of vision or dullness of hearing memory may fail. Or Praecursory symptoms may be that group wh indicate congestion of brain dull headache, tightness, flushing of face, wind drowsiness, hebitude, flushings, bleeding of nose, haem in retina. Then symptoms indicate slight haemorr. These prim. omitting of larger haem. outage & action of small haemorrhage occurring middle group an these. Sudden all with some defect of speech or small & sudden loss of feeling or power, less on one side as arm, face or whole on one side. Along attack of nose bleed or haemorr into retina. now when this group in person past 40 fear haem. outage & of middle ter. alb. uncle in some radial arteries rigid. hyper. hyp. of left ventricle. concrete he has had an haemorrhage

Sometimes more of these, without any suffer from heavy
mode of attack chiefly 3 ways, 1st primary apoplectic from outset
in such aff some of prem symp lasted a few minute or
hrs; ordays falls insensible, dep. vel of volit & concion, in a profound
stumbe. Resp slow & stertorous, flapping of cheek in & first
Pulse slow & laboring
sometimes strong, or small & intermittent usua str in this, Pupil either dilat or contr
generally fixed. Face turged & expressionless. Paher can
be roused, calling, pickly. Arms falls. Sometimes general
paralysis & relaxat of all members more frequently arm & leg on one side
& corresp. ending side of face corresp side & by the opposite side twitch, rigidity or convals
ion. In bad cases relaxation of sphincters, urine &
stn involve, paralysis of bladder. In this coma
profound. After this state lasted few minutes hrs to days
my new conciousness slowly. At first as if waking from sleep
awkward attempts to get up, looks stupid, when
he has never finds he cannot speak. Especially when
paraly on right side, or find cannot move a hand
or foot & falls on. If examine face is smooth & drawn over to opposite side
to one side, from parly
side. Long parly & pushes to paralysed side for strong mouth pushes it over. Not unfrequently
Palsied muscle in state of early rigidity, most apt when clot on
surface in membrane, or ventricle. I old taught that
when clot comprised on health from that rigid supervenes
in ~~the~~ when rigid out cur 3-4 dy indicates that infl is set up. may
disapp soon or last days weak or even seem soon restored
Sensation found impair on one side, but this disappears soon
be some sensation excessive but is rare & occurs chiefly
when following parts are diseased. When posterior prot-
ongation of brin corp. or a quadry, cerebellum, restiform, any of post
parts, & post column of cord, but usually anaesthesia wh.
purses off early. Mental condition impaired at first, will
cry, ~~is~~ is irresolute or memory is impaired & cry one