REMARKS.

In the brain the appearances of disease were less than I had expected. The watery effusion fully accounted for the last symptoms and for the death. Yet I had thought that there would be some other appearances of inflammation, although I should have been surprized to have found those appearances very strongly marked. The softness of the brain could not be considered as the effect of disease. It was a little more than is most commonly found; but not more than I have often seen, where no symptoms or suspicion of disease in the head had existed during life.

In the lungs the appearances of disease corresponded with the symptoms during life. I had felt assured that some organic changes had occurred in the lungs, but that there was not any suppuration and that there was not any extensive compression of the air-cells.

In the abdomen the appearances were such, as had not been at all anticipated. It was an instance of the disease so well described by Dr Baron, and undoubtedly, if the patient had not been cut off by the hydrocephalus, the symptoms of the disease in the abdomen would have manifested themselves in the painful mannner, which that author describes and which I have seen in others. But it is surprizing that the patient had not made more complaint under the disease, which did exist. The case serves to show that this malady may in some instances make considerable progress, like the similar disease in the lungs, without being attended by well marked local symptoms. The emaciation in this patient was not very great; and the countenance had not that very morbid character, which is commonly noticed in organic diseases of the abdominal viscera. Indeed had it not been for the very frequent pulse, which was always found until the brain became diseased, I should not have been satisfied that he had any organic affection.

Case of Apoplexy. By CHARLES G. ADAMS, M.D.

[Communicated for the New England Journal of Medicine and Surgery.]

IN December last, at six o'clock in the morning, I was called in haste to a farmer, aged about 32. I found him in bed, stupid, his face pale, respiration slow, but without stertor; his pulse at the standard of health, in respect to frequency, small and feeble. On rousing him, he opened his eyes, the

pupils of which was much contracted; and on being asked if he felt pain in his head, he indistinctly articulated an affirmative, and sunk again into the state of somnolency from which he was roused, occasionally changing his position in bed, and trembling slightly as if from chilliness. His wife informed me that he went to bed the evening previous in apparent health; that about five o'clock in the morning, he rose from bed and went to the window of the adjoining room to observe, as he said, the height of the moon; and said his head did not feel well. He soon returned to bed, and immediately she was alarmed by the noise he made, which she found was occasioned by his breathing, his neck and arms being affected with strong spasm. These symptoms soon moderated, and he rose from bed and groped about the house from one room to another unconsciously. After getting him again to the bed, he remained as I found him. His health until this attack had been uniformly good, and his habits regular. His work the day previous had been perhaps rather less than usual. His person was tall and not fleshy; his walk moderate, with a downward look. He remarked to his wife, a short time previous to this, that he had never experienced a headach.

With some difficulty he swallowed two spoonsful of a solution of tartarized antimony. After fifteen minutes he puked slightly, and catharsis soon followed. In puking he changed his position, so as to lean his head over the side of the bed, but seemed unconscious of the operation upon the bowels. Soon after this the pulse gradually became more full and strong, and the inspirations deeper, with some degree of stertor. Spasms seized the muscles of the neck and trunk, and extended the right arm by the side, the left arm being very slightly affected. Respiration became very vehement, and the stertor increased to a most violent degree. These symptoms soon abated, and I took from the arm sixteen ounces of blood.

The symptoms again increased as before; frothy saliva issued from the mouth and was forcibly blown away from the lips, and the noise made in breathing was like that of air powerfully driven through a large metallic tube. The abolition of sense and voluntary motion was now complete. The pupil of the right eye was dilated, that of the left remaining contracted, both without motion. I opened the right temporal artery, which bled very freely, and was not compressed till the pulse became small and the face exanguious, which had previously acquired more colour with the increasing fulness of the pulse. Stimulating and cathartic injections were used, which produced evacuations, and sinapisms were applied to the feet. It was now

noticed that the inferior extremities were extended by the spasms. In this symptom there were occasional remissions; the right arm was frequently strongly extended, while the muscles of the left were at rest. The pulse soon acquired greater frequency, fulness and hardness, than at any time before. The pressure was removed from the temporal artery, which immediately threw out its blood with rapidity, again producing paleness of the face, and materially diminishing the energy of the pulse. The whole amount of blood taken from the arm and temple was probably forty ounces. It was not accurately measured, regard being had less to the quantity taken, than to the effect of its loss. A vesicating plaster was applied to the nape of the neck. At intervals, respiration gradually abated in violence, until for a space of time sufficient for two or three inspirations it entirely ceased, and then as gradually returned to its former character, the pulse being in no degree affected by the intermission. The pupil of the left eye now became dilated equally with that of the right, and the eye in a slight degree directed outwards. Both eyes were inflamed; the right more than the left. The nose was studded on each side by the sebaceous secretions which the contraction of the skin had forced from their places. At half past 12 M. cold applications were made to the head, the face being very red; the pulse without becoming full as before, increased rapidly in frequency till it could not accurately be counted, and all spasm had ceased. The case terminated in death, at fifteen minutes before 2 P. M. about nine hours from the first occurrence of the symptoms.

Dissection, four hours after death.

On removing the superior part of the cranium, the vessels on the surface of the brain appeared turgid with black blood, obvious through the dura mater. This membrane being laid back, black blood was seen extensively effused under the arachnoid on the anterior lobe of the right hemisphere. Portions of this hemisphere were removed by horizontal sections, and the intergyral spaces of the anterior lobe found distended with black coagulated blood, to the measure of four ounces. The right lateral ventricle contained no water; its sides were closely collapsed, and exhibited no particular mark of inflammation. On opening the left ventricle it discharged between three and four ounces of water slightly coloured with blood. The veins on its floor were distended in a small degree. Preternatural turgescence was observed rather in the velum vasculosum than in the plexus choroidei. In the third and fourth ventricles no appearance of dis-

ease was noticed. On raising the brain, the pia mater investing the anterior and inferior portions of the anterior lobes discovered marks of high inflammation; its small vessels being so generally injected with arterial blood as to give the membrane a uniform and bright vermilion colour. The pia mater, generally, had the appearance of vascular excitement. Effused blood extended to the base of the brain, about the decussation of the optic nerves, and was found at the inferior part of the cerebellum, where it rests upon the medulla oblongata, some of which progress it probably made after death. The substance of the brain was unusually firm and the convolutions particularly distinct.

It would seem that the apoplectic attack originated in the large extravasation of blood upon the brain, followed, with extreme violence and rapidity by meningeal inflammation and serous effusion.

It has been remarked that in those cases in which apoplexy comes on suddenly, the disease probably depends upon a rupture of a blood vessel in the head;* that in those cases in which water has been found in the brain, it may be doubted whether it be the cause or the effect of the apoplectic disease.† Dr Abercrombie doubts the existence of serous apoplexy, that is, that serous effusion exists as a primary disease in the brain, inducing apoplexy; and objects to the use of the term. M. Serres, after many experiments, thinks that pressure is never a cause of apoplexy.

The different opinions of those who have most laboriously investigated the subject, indicate its obscurity; and that, for its elucidation, facts yet remain to be supplied.

Keene, N. H. May 1823.

* Cooke.

†, Stoll, Portal.

A Case of Abortion, attended with flooding, in which the placenta was delivered by an instrument. By JOHN RANDALL, M.D.

[Communicated for the New England Journal of Medicine and Surgery.]

MR. A., some time in October last, while sitting by the fire in her parlour, about 9 o'clock in the evening, was alarmed by a sudden discharge of water from the vagina. She was in the fifth month of pregnancy. She had once miscarried, and had been the mother of three children. Her husband called upon me at my house, and stated the occurrence directly after it hap-