

plectic fit," so we will consider this first of all.

The immediate or exciting cause of an apoplectic fit may be either some mental shock, or a sudden muscular exertion; in fiction of the penny novelette type it usually happens to the wicked earl after he has turned his favourite daughter out of doors in a fit of rage for wanting to marry the hero. I have known it to occur during a labour pain in an alcoholic woman.

The actual seizure is often preceded by a short period of giddiness or mental confusion, but it may occur quite suddenly, so that the patient falls to the ground helpless, and becomes immediately unconscious. The respiration is stertorous or snoring in type, and the face red or bluish; the eyes are insensitive, and the pupils contracted. All feeling is abolished, and the limbs hang limply inert. The head and eyes are turned towards the side of the brain where the hæmorrhage is situated so that the patient may be said to be looking at his lesion.

Death may occur in a few minutes if the hæmorrhage is so extensive as to plough up the brain tissue over a large area, or the patient may remain unconscious for several hours and then gradually succumb, but if recovery ensues, the coma passes off slowly, so that the patient remains for several hours or even for some days before he is able to recognise his friends. It is this characteristic which serves to distinguish the apoplectic, from any other kind of fit. In hysteria, or epilepsy, for instance, return to consciousness occurs suddenly and within a few minutes as a rule.

As consciousness returns, those signs appear which indicate the site of the hæmorrhage, and which therefore vary in different cases, but inasmuch as there is one artery in particular which is so frequently ruptured that Charcot called it the artery of cerebral hæmorrhage, it will be well to describe the symptoms that result when this particular vessel—the lenticulo striate artery as it is called, but the name is scarcely worth remembering—gives way.

Here we must go back a little to our anatomy. Most of the voluntary actions of the body are originated in cells situated on the surface of the side of the brain; from this part—the motor area as it is called—the impulses pass down in a bundle of nerve fibres, just like telephone wires, to the base of the brain, and thence to the spinal cord, whence they are distributed to the nerves going to the muscles of the trunk and limbs. Just before they enter the cord, however, they cross over to the oppo-

site side of the body, so that if any part of the bundle were injured above the crossing-over point, we should get paralysis of the muscles on the opposite side of the body to the lesion, and thus a hæmorrhage on the right side of the brain would give rise to paralysis of the left side of the body and face, and vice versa. The lenticulo-striate artery goes to the bundle at the base of the brain before its crossing, so in most cases of apoplexy, when consciousness returns, and the patient tries to move, we have hemiplegia, as it is called, of the side of the body opposite to that towards which his head and eyes were previously turned in the fit. If the lesion was on the left side of the brain we get, in addition, aphasia or inability of the patient to speak, because the speech centre is situated on the left side of the brain only.

(To be continued.)

OUR PRIZE COMPETITION.

NAME SOME GERMS CAUSING MORBID PROCESSES IN WOUNDS. WHAT ARE THE LOCAL SYMPTOMS OF WOUND INFECTION?

We have pleasure in awarding the prize this week to Miss Mary D. Hunter, Royal Infirmary, Leicester.

PRIZE PAPER.

The organisms most frequently present in suppuration are micrococci, of which some are arranged irregularly in clusters (staphylococci), and others form chains (streptococci).

Staphylococci are more common in circumscribed acute abscesses, also found in acute suppurative periostitis, &c. They vary in virulence according to the vitality, and gain admission to the body, outer lymphatics, and blood stream. The three varieties are—*Staphylococcus pyogenes*, *albus - aureus*, *citreus*.

Streptococcus pyogenes is the general producer of acute spreading inflammations and infections. It is often found in conjunction with *Staphylococci*, but is a much more virulent organism. When, being of a certain virulence, it gains entrance to the lymphatics of the skin, it causes erysipelas.

Bacillus Coli Communis is constantly found in the alimentary tract. Its virulence varies very much, and it produces gas with a very foul odour. Often found in appendicectomy wounds, especially when there has been previous obstruction of bowel.

Pneumococci may be the cause of suppuration in the serous membranes in connection with inflammation, and are found usually in the

[previous page](#)

[next page](#)