

him remember that perhaps more than three fourths of all unmarried men are troubled with these discharges occasionally.

Give a dose of *Pulsatilla* every night for one week, then a dose of *Nux vom.* every night for the next week, and so continue changing every week. Once a week, in the morning, give a dose of *Sulphur*. If there is much debility give a dose of *China* every morning when you do not give *Sulphur*. *Cantharis* and *Calcarea carb.* may be required in obstinate cases. Give one dose of one of them a day, as long as there is any improvement. If there is any slimy discharge while awake, it is in most cases from the prostate gland. *Pulsatilla* at night, and *Sulphur* in the morning, will generally relieve it. If they do not, give *Cantharis* or *Can-nabis*, night and morning. A tepid hip-bath in the evening, is sometimes useful.

Every young man, whether troubled with this disease or not, should read the author's work on "Marriage," which is at present bound in the same volume with the "Avoidable Causes of Disease;" and every parent who cares for the moral and physical welfare of his children, will do well to read it; for it has been carefully written expressly to give to husbands and wives the information they need, and also to protect the young from vice and licentiousness. It is a book which parents can safely place in the hands of their sons and daughters, to give them the needed information which delicacy too frequently deters parents from giving

## CHAPTER VII.

### DISEASES OF THE NERVOUS SYSTEM.

#### BRAIN FEVER,

OR INFLAMMATION OF THE BRAIN AND ITS MEMBRANES, AND  
HYDROCEPHALUS.

It is generally difficult, if not impossible, to distinguish with certainty between inflammation of the membranes which envelop the brain, and inflammation of the substance of the brain itself; fortunately, this is not important, as similar remedies are required in both affections, and the symptoms will be a safe guide in their selection.

The causes of this disease are various. A predisposition to it is often inherited; males are more subject to it than females; children, from birth to two years of age, are very liable to it; over mental exertion and intemperance, predispose to this disease. The same is true of the cruel practice of confining young children in the school-room six hours a day. An attack may be immediately excited by mechanical injuries, exposure of the head to intense heat, the irritation of teething, disease of the bones of the ear, extending to the brain, alcoholic drinks, violent mental excitement, depressing mental emotions, such as fear or chagrin, retrocession of various cutaneous affections, such as measles and scarlet fever, and a translation of gout or rheumatism; and in children, overtaxing the brain at school, is a fruitful cause of this disease. A form of the disease sometimes occurs between the ages of two and twelve years, which depends on a scrofulous disease of the membranes of the brain, or a deposit of fine tubercles.

*Symptoms.*—Chills, followed by fever, commence with, precede,

or soon follow an attack of violent pains in the head. There are redness of the face and eyes, sensitiveness to light and noise, especially light, a contracted state of the pupils, great restlessness and want of sleep, delirium, either mild or violent, and spasmodic twitchings or convulsive movements. The skin is hot but sometimes moist, the pulse frequent and hard, sometimes irregular, the tongue covered with whitish fur; vomiting is a frequent and often a prominent symptom, and when obstinate vomiting occurs in the case of children, without symptoms of inflammation of the stomach, such as tenderness over and pain in the organ, we have reason to fear the existence of disease of the brain, especially if the nausea and vomiting are aggravated by the patient sitting up. The bowels are generally constipated, but not always.

Pain in the head is one of the most constant symptoms, and it is seldom entirely absent; even when there is a tendency to stupor, it is manifested by moans, cries, contraction of the brows, and putting the hands to the head; and, in case of children, by rolling the head from side to side, or pressing it against the mother's breast. The pain may occupy the whole head, or only the forehead, sides, or back of the head. It may shoot through from side to side, or seem to come from deep in the brain. It is frequently paroxysmal, often seems like the darting pains of neuralgia, and in children it often causes quick short screams. Sometimes the disease commences with convulsions, and they may be repeated so as to constitute a prominent feature of the case; the patient being conscious or unconscious between them. In some cases stupor is a prominent symptom from the commencement. In all cases if the disease continues on uninfluenced by treatment, or the natural efforts of the organism to throw it off, sooner or later, according to the severity of the symptoms, the delirium gradually yields to drowsiness or stupor, at first not so perfect but that the patient can be aroused, but at length profound coma or insensibility ensues. The pupils become dilated, the sight and hearing are destroyed, the surface of the body becomes insensible, and liquids will often lie in the mouth without being swallowed. Convulsions, generally less severe than at first, not unfrequently occur. Rigidity of the muscles, and contraction of one or more of the limbs, are apt to take the place of

the convulsions. Sometimes there are picking of the bedclothes, and at imaginary objects in the air, and twitching of the tendons or cords, before the insensibility is complete. Sighing respiration ensues, and the pulse becomes slow and intermittent. The urine may be retained or dribble away involuntarily. If the disease continues on unchecked, great exhaustion ensues. In the place of the spasmodic contractions, or mingled with them, there is partial paralysis; the pulse becomes frequent and scarcely perceptible, the skin is bathed in a cold clammy sweat, the countenance sunken and deathlike, and the patient generally expires either in a state of profound stupor or in convulsions.

Such is the usual course of this disease; but sometimes, in the case of children, as the disease approaches the stage of stupor, there is a treacherous amelioration; the stupor and delirium diminish, and the child recognizes its friends, and even takes an interest in surrounding objects, and all the symptoms seem improved; but after lasting a day or two, either complete insensibility follows, or convulsions, with screaming, tossing, rolling the head, paralysis, and at last death. The duration of the disease is very uncertain. In violent cases death may follow within one or two days, but more frequently between the fourth and seventh days, and when thus early, it is generally from convulsions; but in a majority of fatal cases death occurs somewhere between the end of one and four weeks, and the disease is said seldom to pass the seventh week.

We sometimes have a partial inflammation of the brain or its membranes. This form of the disease generally commences with headache, occasional dizziness, faintness, dimness of sight, loss of appetite, neuralgic pains, prickling and feeling of numbness in different parts of the body, and irritability of temper. There is usually but little fever; the pulse is generally feeble, and often irregular; the face pale, and the surface cool. Nausea and vomiting, on assuming the erect position, are common. Frequently there are squinting, stammering and difficulty of swallowing; and rigidity or continued spasm of an arm or leg or both, on one side, is apt to occur; the attempt to bend the contracted limb generally causes pain. Finally the patient dies in convulsions; or paralysis and stupor ensue, and death follows. The symptoms are

sometimes intermittent. After death from this form of the disease, there is sometimes found softening of a portion of the brain; in other cases induration, and occasionally an abscess. This disease may continue for weeks, months, and it is said even for years, before terminating in death.

In the case of children, between the ages of two and ten, or twelve years, we have to fear that the disease is of a scrofulous origin, and depends on the deposition of minute tubercles in the membranes of the brain, when it occurs in those who are subject to scrofulous swellings of the glands of the neck, or who inherit from their parents a strong tendency to consumption or scrofula; and we have especial grounds for such fears, if the disease approaches very gradually and insidiously. Great peevishness and irritability of temper often precede for weeks and months, the full development of the disease in such cases. Sometimes early in the disease, obstinate vomiting and constipation, with slight fever, are the chief symptoms, until perhaps paralysis or convulsions ensue.

From the fact that water is frequently found, after death, within the membranes of the brain, especially in the case of children, both this and the ordinary form of inflammation, or that first described, are often denominated dropsy of the brain, or acute hydrocephalus, if the patient dies.

*Treatment of Inflammation of the Brain.*—Give *Aconite* every hour in all cases when there are chills and fever, hot skin, full pulse, with pain in the head. If the disease has been caused by a fall, blow, or any form of mechanical injury, give *Arnica* alternately with *Aconite*, at intervals of one hour, but if, at the end of twenty-four hours it fails to relieve, give *Belladonna* instead of it, alternately with *Aconite*.

Dose, see page 7.

*Belladonna*: This is generally by far the most important remedy, after *Aconite*; or if, at the end of twelve hours, *Aconite* fails to relieve the fever, give *Belladonna* alternately with it, especially in all cases where there are severe shooting, darting, or burning pains in the head, with great sensibility to light or noise; red eyes, delirium, twitching, or convulsions. Give these remedies one hour apart, and do not hastily discontinue them. If there is

an improvement, lengthen the intervals between the doses to two, and afterward three hours; but if the symptoms seem aggravated after giving the remedies, lengthen the intervals between the doses to six hours.

*Bryonia*: If the above remedies fail to check the progress of the disease within two or three days, *Bryonia* will generally be required. It should be given earlier if the patient begins to grow drowsy or sleepy, or the delirium becomes less violent with picking at the bedclothes, and cool extremities; also if there is rigidity or contraction of one of the limbs; but if no such symptoms occur until the end of three or four days, then if the fever is less active, and the pains in the head less sharp, or the delirium less violent, omit the *Belladonna* and give *Bryonia* once in four hours; if the head and body are still hot, give *Aconite* once or twice between the doses of *Bryonia*; consult *Helleborus*.

*Helleborus*: In the case of children if *Bryonia* fails within twelve or twenty-four hours to relieve the symptoms, give this remedy alternately with it at intervals of two hours. If symptoms of drowsiness or stupor appear, dilatation of the pupils, or loss of sight or hearing, sighing respiration, slow or irregular pulse, or symptoms of paralysis make their appearance, our main dependence must be upon the two remedies last named. If, after giving them twenty-four hours, there is no change, omit the *Bryonia* for twenty-four hours, and give *Belladonna* alternately with *Helleborus*; at the end of that period, if the patient seems to be improving, continue the *Belladonna*, otherwise omit this remedy, and give a dose of *Sulphur* at night, and *Helleborus* once in two hours. These are the most important remedies we have to prevent dropsy of the brain, or hydrocephalus; and if effusion has commenced, they are the remedies to check its progress, and promote its absorption. Although when symptoms of effusion exist patients will often die, still if you persevere with the remedies you will sometimes be successful in your treatment when you least expect it. If the disease in children is attended with a scrofulous or a consumptive habit, and you have to fear a tuberculous disease of the membranes of the brain, follow the above directions.

*Hjoscjamus*: If, in the case of either adults or children, *Belladonna* fails to relieve the delirium, convulsions, or sleeplessness, omit it for a few hours, and give this remedy in its stead; or if *Belladonna* seems to aggravate the symptoms or makes no impression on them, omit it for six or eight hours, and longer if the patient manifestly improves, and give *Hjoscjamus*; if the improvement ceases, return to *Belladonna*.

*Stramonium*: A few doses of this remedy will sometimes be useful for delirium, frightful visions, and screams, when *Belladonna* fails to relieve such symptoms.

*Cuprum*: When symptoms of this disease occur during the progress of scarlet fever, or other febrile eruptive diseases, and *Belladonna* does not relieve them, give a dose of *Cuprum* every hour for six or eight hours, and if the patient improves continue it, but if there is no improvement, give *Apis mel.* once in two hours.

In the treatment of the partial and slow inflammation which has been described, and which is often without much fever or heat, other remedies may be required, in addition to those already named. *Belladonna*, *Bryonia*, and *Hjoscjamus*, will often be required in this form of the disease, as well as in the more violent, and the indications for their use which have already been given, are sufficient to guide in their selection. It will be better, generally, to give but one remedy at a time, unless it may be a dose of *Sulphur* once a day; and do not repeat the remedies more frequently than once in three or four hours.

*Nux vom.*: Give this remedy once in six hours when there is drowsiness, severe drawing pain in the head, fullness or pressure, with dizziness, vomiting, pain in the arms, numbness or paralysis of the extremities, or rigidity of the muscles of one extremity.

*Pulsatilla* may be given once in six hours when there are violent pain in the temples or forehead, which are aggravated by warm air and sitting up, and relieved by cold air and pressure. This remedy is especially useful also in the case of females, even in somewhat acute cases if the disease is connected with a suppression of the menses.

*Lachesis*: Give this remedy when there is great despondency, with weakness of memory, and of the mental faculties, pressing, darting, or beating pains, dizziness, with nausea and vomiting.

If there are bilious symptoms, such as yellow skin or eyes, give *Mercurius*; and especially if instead of costiveness there are mucous passages from the bowels.

*General Directions*.—In all acute cases attended with a high fever, hot skin and full pulse, the diet should be light; nothing more than gruel, rice, arrow-root, and at most, toast, cracker, and milk-and-water. If convulsions occur during the early stage when the skin is hot and the fever high, showering the head with a small stream of cold water from a pitcher, holding the head over a tub, and putting the lower extremities into warm water, will often relieve the symptoms. Continue the showering for from five to fifteen minutes, or until the extremities and head become cool, unless the convulsions cease sooner; then omit it until there is heat of the head and extremities, when it may be repeated, even if the convulsions do not return. It may require to be applied several times in the course of the first twenty-four or forty-eight hours; or what is better after the convulsions have ceased, and in cases where there are no convulsions, wring a large towel from cold water, and envelop the entire head with it, excepting the face, as high as the eyebrows, and put over the whole four or five thicknesses of dry flannel, and pin snug so as to exclude the cold air; wet the towel once in six or eight hours. This application often affords very great relief from the pain, restlessness, and heat. If it fails to benefit the patient, sponging the head with warm water generally has a beneficial effect. Sometimes cloths wrung from warm water will do well, and some physicians use them from the commencement, but I have generally preferred the applications named above.

If the bowels are constipated, free injections of warm water once in twenty-four or forty-eight hours will do no harm.

#### INFLAMMATION OF THE SPINAL CORD AND ITS MEMBRANES (MYELITIS AND CEREBRO-SPINAL MENINGITIS.)

This disease may be either acute or chronic. It may be caused by mechanical injuries, exposure, alcoholic drinks, and other

causes of inflammation. The disease may commence suddenly, or be preceded by dull and uneasy feelings in the back and extremities. It may be confined to one part of the spine or extend almost its whole length.

*Symptoms.*—Severe pain which is increased by pressure and motion, often with a feeling of constriction around the body from the seat of pain; either neuralgic pains, or prickling or tingling, or a sensation of numbness in the parts supplied with nerves from the diseased portion of the spine, frequently occur. If the disease is in the upper portion of the spine, these sensations will be experienced in the upper extremities and the upper part of the chest; if in the middle of the spine, around the chest and abdomen; if in the lower portion of the spine, in the pelvis, and down the lower extremities. The muscles along the spine are often contracted, causing the head to be drawn, and the spine to be bent backward; cramps in the extremities and convulsive movements are not uncommon. Chills and fever usually precede, accompany, or soon follow, the local symptoms. Sooner or later, if the disease is not checked by treatment, symptoms of paralysis make their appearance; there is difficulty of moving one or more of the extremities, the urine may be retained or dribble away, and there may be obstinate constipation from the same cause. If the disease is chronic, the symptoms are similar, but come on more gradually, and without much fever. Inflammation of the spinal cord may be mistaken for rheumatism; but in the latter disease pressure along the sides of the spine causes more suffering than when it is made on the bones of the spine themselves; whereas, in the disease under consideration, the reverse is true. In rheumatism the pain on motion seems to be caused by the contraction of the muscles, instead of being caused by bending the spine. If the spine becomes contracted and bent backward by rigidity of the muscles, or if symptoms of paralysis occur later in the disease, we may be quite certain that the case is one of inflammation of the cord. General convulsions rarely occur in this disease when it does not extend to the brain.

We may have inflammation of the brain and spinal cord occurring at the same time. This form of disease sometimes prevails

as an epidemic, when it is apt to be very fatal; patients in some cases dying within forty-eight hours, in other instances within one or two weeks. In this disease we have head symptoms such as pain, often a throbbing pain, generally in the temples or back of the head, intolerance of light and noise, delirium, stupor, perhaps convulsions or drawing back of the head, with great restlessness, incessant movement of the limbs, in some cases fever, thirst, and perhaps vomiting. In some instances there is little or no fever, in other cases the fever assumes a typhoid form, with feeble pulse, cool extremities, and sordes on the teeth, with perhaps black or dark spots in and beneath the skin.

*Treatment of Inflammation of the Spinal Cord.*—In all cases when the disease is attended with a high inflammatory fever, with a hot skin, give *Aconite* every hour. In fact the treatment is very similar to that required for inflammation of the brain. *Belladonna* will often be required after *Aconite*, or if the fever persists after giving the latter remedy for twelve hours give them alternately.

Dose, see page 7.

*Belladonna*: After the patient has taken a few doses of *Aconite*, if the fever is not relieved alternate this remedy with it at intervals of one hour; especially when the disease is confined to the upper part of the spine; and if the inflammation extends to the brain this will be a still further indication for the use of *Belladonna*; also when there are neuralgic, prickling, or tingling pains in the direction of the nerves which have their origin from the diseased portion of the spine. *Aconite* may be omitted as soon as the patient is comparatively free from fever, and *Belladonna* may be given alone.

*Bryonia* is not less important than *Belladonna* when the lower portion of the spine is the seat of the disease, and it may follow the latter remedy when the disease is at any point, provided there is great soreness on motion, with stiffness and contraction of the muscles, which is not relieved by other remedies. Give a dose once in two hours.

*Dulcamara*: Give this remedy after a few doses of *Aconite*, when the disease has been caused by exposure to wet or

damp weather, especially when there are drawing pains in the muscles of the spine, lameness with a paralytic feeling, or twitching in the arms and hands. If the patient is not relieved by this remedy select another.

If the disease has been caused by mechanical injuries, give *Arnica* once in two hours, and if it does not relieve the symptoms, give it alternately with *Rhus tox.* at intervals of two hours; or if there is much fever give *Aconite* instead of *Rhus* until it is somewhat relieved. When there are burning pains in the back especially opposite the heart and a little higher up, with difficulty of breathing and palpitation, give *Arsenicum* every hour, and if it does not relieve the symptoms give *Pulsatilla*.

After the acute symptoms are somewhat relieved by some of the above remedies, *Nux vomica* is often required, especially when the disease is in the lower portion of the spine, and there is a bruised sensation, with darting pains increased by contact; numbness or paralysis in the lower extremities, and if there is retention of urine and constipation. This remedy is often useful in chronic cases. Give a dose once in two hours during the day, and a dose of *Sulphur* at night.

In obstinate or chronic cases, in addition to the above remedies, *Lachesis* and *Sulphur* will be required. In a form of the disease which involved both the brain and spinal marrow, which prevailed as an epidemic during the continuance of the Mexican war, through Michigan and some of the other Western states, and was characterized by congestion and prostration of the vital energies, rather than by active inflammatory action, the most important remedies were: *Pulsatilla* when there were violent throbbing pains in the temples and deep in the brain; *Stramonium*, when there were throbbing pains in the back of the head and neck and great restlessness; *Opium* in case complete insensibility ensued and *Stramonium* did not relieve it. *Aconite* and *Belladonna* were of no use as a general rule, and *Bryonia* and *Nux vomica* rarely afforded any relief.

*General Directions.*—Wet a towel in cold water, and lay over the spine, and cover it with four or five thicknesses of dry flannel, and confine the whole to its place by a bandage or dry towel

around the body, Let the diet be light, nothing more than gruel or rice-water, crust-coffee, &c., until the acute symptoms are relieved.

### SPINAL IRRITATION.

This is often mistaken for inflammation of the spine, but it is a non-inflammatory affection, and may be distinguished by the absence of fever, by extreme tenderness on slight pressure, and the want of pain under other circumstances, the ability to move without causing much suffering, and the shifting character of the complaint. Females are much more subject to this affection than males, and children are rarely affected. There is simply a nervous sensibility of the ligaments and muscular attachments of the spine. Whatever impairs the general health of an individual, be it indoor confinement, want of general exercise, excesses, profuse discharges, or chronic disease, favors the development of this affection. Sewing, knitting, painting, or sitting a long time in one position, or any occupation which fatigues one set of muscles and part of the spine, to the neglect of the rest, may cause this affection. The irritation of the spine extends to the nerves which pass out between the vertebræ, and we have a great variety of symptoms in the direction of the nerves which pass from the diseased portion of the spine; among which are neuralgic or rheumatic pains, in different parts of the body, or the parts supplied by such nerves; also burning, itching, tingling, prickling, and numbness; palpitation of the heart, faintness, nausea, vomiting, spasms of the stomach, colic, and bearing down pains. This disease, if it is not the cause of hysteria, is often connected with it, and both not unfrequently depend upon irritation, or ulceration of the uterus, as a predisposing cause.

*Treatment.*—As this is generally a disease of debility, we have first to put away the immediate cause of the affection, and then, by adopting vigorous measures to improve the general health, overcome the predisposition to it. The patient must give up sewing, knitting, writing, or any occupation which has caused this trouble; also avoid sitting, except in a strictly erect position, so that the

weight of the head and shoulders may be sustained by the bones of the spine, and not by the ligaments and muscles. Travelling, horseback-riding, walking in the open air, contentment of mind, or, as far as the strength will admit, active useful employment, which shall invigorate the general system, is indispensable. The patient had better spend most of her time in reclining or lying down, so as to relax the spine when she is not taking active exercise.

If the patient is already confined to the bed, or nearly so, and not able to sit up, ride or take exercise, she must be exercised in the horizontal position, until she gains strength, and the tenderness of the spine is relieved so that she can take active exercise. Let an attendant bend and extend her fingers repeatedly, then her wrists, then her shoulders, in every possible direction; then take hold of the hand and turn the hand, or rotate it inward and outward several times; then serve the other arm in the same way, allowing the patient to rest an hour if she becomes fatigued; then bend and extend the toes, then the feet, then the leg, and afterward the thigh; then rotate the toes around in a circle, turn the feet from side to side; separate the feet eighteen or twenty inches, and turn the toes of the two feet together until they touch, then turn them out as far as possible, so as to rotate the whole leg; repeat this several times. Then place one hand on each side of the body, and a few inches below the arms, and vibrate it from side to side; afterward turn the head in every possible direction so as to exercise the muscles of the neck, and finally, gently percuss, or strike with the open hand over the chest, abdomen, and back—but very lightly, if at all, over the tender part. Go over the entire body as above directed at least once in twenty-four hours; and if the patient becomes fatigued, resting an hour or two occasionally. Continue the above exercises a little longer every day, and as soon as the patient feels able, let her resist—lightly at first—the various motions which her assistant gives her. Continue the above exercises, and she will soon be able to ride out, and at last walk out and take exercise herself. Remove all blinds and curtains from her windows without fail, during the day, and have her room if possible on the south side of the house; the sun need not shine

in her face, but it must in her room, and the more freely, the sooner she will recover. Fresh air is also important. Give her a good nourishing diet, brown bread, beefsteak, &c.; but no tea, coffee, or stimulants. And as soon as she is able, let her read, or read to her, from the beginning to the end, the author's work on the "Avoidable Causes of Disease;" and she will find the directions there, which will keep her well if she will follow them.

Medicines will be useful to palliate the symptoms when the patient suffers severely; but, so far as curing the disease is concerned, they are far less important than the measures named above.

If the disease occurs during nursing, or after the loss of blood or other fluids, give a dose of *China* night and morning. If the menses are profuse and frequent, *China* may prove beneficial; but if it fails to relieve, give *Platina* night and morning, and if necessary, afterward, *Calcarea carb.* If the menses are suppressed, give *Pulsatilla*, followed by *Sepia*. For palpitation of the heart give *Nux vom.* *Belladonna*, or *Pulsatilla*. For numbness, prickling, or neuralgic pains, give *Belladonna*, *Nux vom.*, or *Pulsatilla*; also give these remedies for spasms of the stomach and colic pains. For nausea and vomiting, give *Ipecac* or *Nux vomica*, and if they fail, give very weak *Coffee* after eating, once or twice a day.

#### CONGESTION OF THE BRAIN FROM DEBILITY.

The symptoms are similar to those of the first stage of inflammation in many respects. The patient complains of a rush of blood to the head, and sometimes there is in different parts of the body a sensation of numbness, prickling or twitching, and slight convulsions or stupor may occur; but the patient is pale, the flesh thin and flabby, the pulse small, weak, and slow, and the least exertion or excitement causes palpitation of the heart. The pain in the head is generally in the back of the head, or over the top of the head, lengthwise; there is great languor and debility. This disease may be caused by the loss of blood from blood-letting, abortion, bleeding piles, or by long-continued nursing, over-exertion, indigestion, diarrhoea, unnutritious diet, damp, confined, and dark air, want of exercise, or any other cause of debility.

*Treatment.*—The cause should be shunned as far as possible, and the diet should be nutritious, and contain more or less animal food, especially beef, mutton, and milk.

*China*: Give this remedy night and morning, when there is severe headache with pressure from within, out; aggravation of the headache from pressure or touch, or a contractive pain in the scalp. *China* is especially useful when the disease has been caused by the loss of blood, diarrhoea, nursing, &c.

*Pulsatilla* once in four hours will often afford temporary relief, when there is pain in the head which is relieved by cool air, lying down, and by pressure; *Belladonna*, when the pain is in the forehead, *Nux vom.* when it is in the top and back of the head.

#### CONGESTION OF THE BRAIN AND APOPLEXY.

Apoplexy is caused by pressure on the brain, by some cause within the skull, producing a sudden loss, to a greater or less extent, of sensation, voluntary motion, and consciousness, without a suspension of respiration and circulation. The symptoms may be caused by simple congestion of the blood-vessels of the brain; and when this is the case, if the patient recovers, no paralysis, or other traces of the disease, is necessarily left behind; or the symptoms may be caused by hemorrhage within the skull. The blood may be effused beneath or within the membranes or within the substance of the brain. Paralysis, more or less complete, is very apt to follow this form of the disease. Lastly, the symptoms may be caused by a sudden effusion of water or serum. We cannot often, at the time of the attack determine, with any degree of certainty, which of these conditions exists; but if the patient soon recovers without paralysis or impairment of the mental faculties, we may conclude that the case was one of simple congestion.

The attack of apoplexy is often preceded by symptoms of congestion of the brain, such as a feeling of weight and fullness in the head, dizziness or a whirling sensation, headache, drowsiness, confusion and loss of memory, apprehensions of impending evil, dimness or derangement of sight, temporary deafness and noises in the

ears, bleeding from the nose, numbness or prickling in some part of the body, faltering speech, unsteady gait, and vomiting. One or more of the above symptoms may precede the attack for weeks or months, or only for a few moments. When attacked, the patient, if in the erect position, usually falls, and is deprived either completely or to a greater or less extent, of consciousness, sensation, and the power of moving.

In severe cases, there is neither sensation, sight, nor hearing, and if a limb is raised, it falls as if destitute of life. The countenance is expressionless, and often flushed, and sometimes the arteries of the neck throb violently. The pulse is usually full and slow, but sometimes intermittent. The respiration is slow and snoring, with puffing out of the cheeks or lips. The pupils of the eyes are generally immovable, and insensible to light, and may be either dilated or contracted. There is difficulty in swallowing, the bowels are usually constipated, and the urine is either retained or passes involuntarily. There is sometimes a spasmodic contraction of the muscles of one side. This state of insensibility may last but for a few moments before consciousness returns, or it may continue for hours or days, sometimes to the sixth or seventh day, when, if the disease does not terminate fatally, the patient slowly recovers. He may recover entirely, but more frequently, after severe attacks, there remains more or less paralysis of either sensation or motion, or both, on one side of the body, or of some one organ or part. If an effusion of blood occurs on one side of the brain, paralysis results on the opposite side of the body. A predisposition to this affection is sometimes inherited; high living, the use of fermented and alcoholic drinks, and disease of the heart, favor its development. This disease may be mistaken for drunkenness, or the stupor caused by opium, or other narcotics; but if you cannot detect alcohol in the breath, and can derive from attendants, or from other sources, no evidence that the patient has taken any substance which is capable of causing stupor, you have a right to infer that the case is one of apoplexy; and if one side of the face or mouth seems settled down lower than the other, this is very good evidence; but this symptom is not always present in apoplexy.