Apoplexy: Changing Concepts in the Eighteenth Century

Catherine E. Storey

In the eighteenth century, apoplexy was the term used to describe a clinical presentation rather than a single disease entity – a sudden catastrophic event characterised by a loss of consciousness, movement and sensation. Many of the conditions that would have been described under the term apoplexy are incorporated into what is now referred to as stroke. This chapter will explore the changes in the understanding of this spectrum of diseases included in the term as well as the shifts in the actual use of the term during the eighteenth century.

Hippocrates (c. 460–375 BCE) is credited with the introduction of the term into medical terminology (Clarke, 1963) – a term that underwent little conceptual change until the clinician-anatomists of the seventeenth century. Nominal revision was delayed well into the nineteenth. By the twentieth century, the term became synonymous with an intracranial haemorrhage, and apoplexy was finally discarded from official classifications of cerebrovascular disease in 1939. To understand the use of this term as the eighteenth century commenced there is no better description than that offered by Thomas Willis (1621–1675) when, in the London Practice of Physick, he explains:

The Apoplexy, according to the import of the Word, denotes a striking, and by reason of the stupendous Nature of the affect, as tho it contain’d somewhat Divine, it is called a sideration: for those that are seized with it, as tho they were Planet-struck, or smitten by an invisible Deity, fall on the Ground on a sudden, and being deprived of Sense and Motion, and the whole animal function (unless that they breath) ceasing, they lye dead as it were for some time, and sometimes dye out-right: and if they revive again, they are oftentimes affected with a general Palsie or an Hemiplegia. (Willis, 1685)

How then did apoplexy fare during the period of the Enlightenment of the eighteenth century? McHenry (1969, p. 375) in his revision of Garrison’s History of Neurology is of the opinion that “the Eighteenth Century notions on apoplexy largely reflected the experience of previous observers”, and he certainly does not credit much advance to this time period. The neurologist/historian John Spillane (1981), in his comprehensive history of neurological diseases, describes the medical landscape of the eighteenth century as one that is not “universally attractive”. He places the century into a period of transition – a transition from a medical practice with deep-seated roots in philosophy to one in which experimental science provided new insights into disease. This author writes that the neurological activity of this century was dominated not by a burst of experimental science that should have been anticipated as a result of William Harvey’s account of the circulation in 1628, but rather “the too ambitious schemes of the classifiers and systematists, not to mention the cults of mesmerism, homeopathy, and magnetism”. (Spillane, 1981, p. 111)

Superficially the understanding of apoplexy during this century looks bleak. McHenry is in part correct in that many of the theories did reflect the experiences of previous writers and there were no great discoveries or great innovations. There is evidence, however, to suggest that clinical achievements did result from a consolidation of the work of physicians of the seventeenth century that applied Harvey’s ideas of the circulation to clinical
problems, namely Johann Wepfer (1620–1695) and Thomas Willis (1621–1675). The vascular theories proposed in the seventeenth century were to become the underlying principles on which the history of apoplexy would later develop.

Spillane is also correct in noting that the “too ambitious schemes of the classifiers” would impact on the progress of apoplexy. For example, the Scottish physician William Cullen (1710–1790) proposed an elaborate scheme in 1769 based primarily on symptomatic presentations, which served to consolidate the accepted causes of apoplexy into a formal structure. The aim of such a classification was to provide aid to the bedside physician (Kendell, 1993). His ambitious scheme was initially popular and widely accepted, but not sustained for long after his death. The wide range of symptomatic causes was subsequently reduced into a simpler framework based on pathological findings alone. This, in turn led to the dichotomy that we now recognize in stroke: haemorrhagic and ischaemic strokes.

If the eighteenth century was not dominated by great discoveries or innovations, how best to identify any progress made during this period? As shall now be shown, progress was made at a clinical level – at the level of the medical practitioners who treated such patients, who incorporated new ideas derived from clinico-pathological correlation into their practices, who questioned long standing therapeutic options and who were guided largely by clinical experience.

The Eighteenth-Century Landscape

The works of Thomas Kirkland (1721–1798) and John Cooke (1756–1838), two busy, well respected, British physicians offer contemporary insights into the clinical perceptions of apoplexy during the eighteenth century, and some of the theories that helped set the stage.

In 1792, prompted by his long-standing dissatisfaction with the treatments used in the management of apoplexy and palsy, Kirkland published A Commentary on Apoplectic and Paralytic Affections (Kirkland, 1792). He aimed to provide his reader with a literature review enhanced with his own experiences, and to provide a rational approach to treatment based on symptomatic presentation.

In contrast, the London physician Dr. John Cooke, set out with a much more ambitious agenda, hoping “to collect, to arrange and to communicate, in plain clear language, a variety of useful observations from the best authors, both ancient and modern, respecting the principal diseases of the nervous system” (Cooke, 1820, p. iii) (Fig. 1). In A Treatise on Nervous Diseases, he identified the principal nervous system diseases of his time as “apoplexy, epilepsy and the palsy”. Cooke’s “useful observations” thus provide reviews of the classical and newer literatures, intercalated with his own medical experience as physician to the London Hospital.

The Classical Era and Galen’s Theories

Both Kirkland and Cooke begin with a review of the ancient origins of apoplexy in much the same manner as a “modern text” would begin with a “lay of the land” to establish the authority on which the discipline is based. Kirkland collects the scattered references to apoplexy within the Hippocratic