- clonal gammopathy. *J Neurol Neurosurg Psychiatry* 1994; 57(suppl):46–9.
- 17 Van den Berg LH, Kerkhoff H, Oey PL, *et al.* Treatment of multifocal motor neuropathy with high dose intravenous immunoglobulins: a double-blind placebo controlled study. *J Neurol Neurosurg Psychiatry* 1995;59:248–52.
 - 18 Bouche P, Moulouquet A, Ben Younes-Chennoufi, *et al.* Multifocal motor neuropathy with conduction block: a study of 24 patients. *J Neurol Neurosurg Psychiatry* 1995; 59:38–44.
 - 19 Elliot JL, Pestronk A. Progression of multifocal motor neuropathy during apparently successful treatment with human immunoglobulin. *Neurology* 1994;44:967–8.
 - 20 Schiff RL. Transmission of viral infections through intravenous immune globulin. *N Engl J Med* 1994;331: 1649–50.

HISTORICAL NOTES

Wepfer's description of the apoplexy of Malpighi

Wepfer showed that apoplexy is due to cerebral haemorrhage. In *Historiae apoplecticorum*, published in 1658,¹ is a detailed description of four cases, his first having been studied in 1655. The account of one such case and a brief history of Wepfer is reproduced elsewhere.² This classic text also contains a section: *The history of the sickness of Marcello Malpighi, the Pope's physician; with an account of the dissection of his corps.*

Malpighi (1628–94) was professor of anatomy at Bologna, Pisa, and Messina. His work formed the basis for the studies of histology, providing accurate descriptions of the lungs, kidneys, spleen, skin, and liver. He first described the capillaries and the layer of the skin, and demonstrated the lymphatic follicles in the spleen, both of which bear his name. Much of modern embryology can be said to be grounded in his examinations of the chick embryo. Biologists owe Malpighi a debt for his early studies on the anatomy of the silkworm.

He achieved considerable eminence and repute, and was appointed physician to Pope Innocent XII.

Wepfer relates the distinguished anatomist's past history of palpitations, stones in the kidneys and bladder, and gout.

On "July 25th 1694 at which Time he was seized in the 66th year of his Age, about 1 a clock in the Afternoon, with an Apoplexy . . . attended with a Palsie of the whole right Side, and a distortion of the mouth and Right Eye".

Wepfer describes his treatments with blood letting and cupping.

"After struggling 40 Days with a long Train of grievous Symptoms, particularly a Light-Headedness, a *Capipienium*,* and other Accidents, he got clear of the Apoplexy, and Palsie . . . but suffer'd much by the foregoing Disease in his Memory and Reason, and melted into tears upon the slightest Occasion . . .

He was seiz'd Nov, 29 with a fresh fit of an Apoplexy after the Injection of a customary Glyster in the morning. This

new fit was usher'd in by a grievous Vertigo, with a fit of a Stone in the Bladder for eight Days . . . he dy'd four Hours after the Invasion."

The dissection of the corps showed enlargement of the heart and

"left Ventricle as thick as the Breadth of two Fingers. The left Kidney was in a natural State but the right was half as big again as the left, and the Bason of it was so much dilated that one might easily thrust 2 Fingers into it . . . In the Bladder we found a little Stone . . .

When I opened his Head I found in the Cavity of the right Ventricle of the Brain an Extravasation of about two pints of black clotted Blood, which was the cause of his Apoplexy and Death. In the left Ventricle we found about an Ounce and a half of yellowish Water, with a small Quantity of little Grains of Sand mix'd with it. The Blood Vessels of the Brain were dilated and broke on all Hands. The whole Compass of the dura Mater adhered tenaciously and praeternaturally to the Cranium. And this is the Sum of what I observ'd in Dissecting his Corps, Dec 7, 1694."

This history is remarkable for showing the several predisposing factors for cerebral haemorrhage, though the absence of a means of measuring blood pressure precludes any certainty that he was hypertensive. The two stage illness is clear with a right hemiplegia accompanied by a small yellow watery collection, probably of putaminal origin in July, and the second attack, some four months later, a massive right sided haemorrhage that took his life within four hours. Whether or not the grains of sand were haemosiderin laden granulations of the choroid or ependyma of the left ventricle, we are left to guess.

JMS PEARCE
304 Beverley Road,
Anlaby,
East Yorks HU10 7BG, UK

*This word is not to be found in the OED; I presume it is derived from L caput (head) and plenium (a fullness), hence full-headedness.

1 Wepfer JJ. *Historiae apoplecticorum*. 1658. English translation from Bagvili's *Practice of Physik*, London 1704: cited in Major RH. *Classic descriptions of disease*, 3rd ed. Illinois: Charles C Thomas, 1945:474–7.

2 Pearce JMS. Johann Jakob Wepfer (1620–95) and cerebral haemorrhage. *J Neurol Neurosurg Psychiatry* 1997;62: 389.