S U M M A R Y

E.C.G. study on 50 patients with hemiplegia was carried out. Among these cases, 44 had recent hemiplegia and 6 old hemiplegia. These included cases with cerebral thrombosis, haemorrhage and embolism and one case post-meningitic. Their ages ranged between 35 and 80 years. Hypertension was present in 35 patients, diabetes mellitus in 14, both hypertension and diabetes in 9 and hypercholesterolemia in 20 cases.

E.C.G. tracing showed abnormalities in 66% of cases, 61% of which has been attributed to ischemic heart disease. These ischemic changes were noted particularly among those with cerebral thrombosis with hemiplegia than with cerebral haemorrhage, thus favouring coronary atherosclerosis, in association with cerebral atherosclerosis, as an important factor in pathogenesis of these E.C.G. changes in patients with strokes.

E.C.G. abnormalities were most common in cases with cerebral haemorrhage and less pronounced in cases with cerebral infarction.

All cases with E.C.G. data of ischemic heart were suffering from recent strokes (within hours or days) i.e.

recent hemiplegia and none were old hemiplegics.

Hypertension was associated with higher frequency of E.C.G. changes, possibly due to accleration of the atherosclerotic process. This correlation, however, was established between neither age nor hypercholesterolemia and the E.C.G. abnormalities, possibly due to involvement of other variables in comparison with previous studies.

Cerebral ischemia affecting the cardiovascular vital centres causing changes in blood pressure, pulse rate and cardiac rhythm during attacks of cerebrovascular accidents may cause strain on the coronary circulation resulting in the appearance of E.C.G. changes in patients with silent coronary atheroma. The exact mechanism is, however, unknown.