

Clinical Notes and Cases.

A Group of Fits. By ALAN MCDUGALL, M.D., Director of the David Lewis Epileptic Colony.

THE patient was a girl, æt. 13, who is stated to have been epileptic from the age of five. The group comprised 3,231 discrete fits, and occupied 17 days: 2,258 of these fits occurred in the course of 6 consecutive days (averaging 1 every 3·8 minutes), and of these 1,694 occurred in the course of 4 consecutive days (averaging 1 every 3·4 minutes). On February 21st there were 443 fits; on February 22nd there were 437; on February 23rd there were 41; on February 24th there were 3; on February 25th the girl was up, dressed and going about.

Here is her daily record of fits for the month of February :

Fits during February, 1919.

Day of the month.	Number of fits.	Day of the month.	Number of fits.
1 . . .	17 .	15 . . .	195
2 . . .	11 .	16 . . .	160
3 . . .	6 .	17 . . .	236
4 . . .	8 .	18 . . .	323
5 . . .	13 .	19 . . .	442
6 . . .	13 .	20 . . .	372
7 . . .	50 .	21 . . .	443
8 . . .	187 .	22 . . .	437
9 . . .	121 .	23 . . .	41
10 . . .	33 .	24 . . .	3
11 . . .	17 .	25 . . .	4
12 . . .	14 .	26 . . .	6
13 . . .	68 .	27 . . .	None.
14 . . .	87 .	28 . . .	2

Born on August 20th, 1905, the patient was admitted to the Colony in January, 1914. To the end of February, 1919, our record of her fits is 12,363 (practically 200 a month). This does not include fits that she may have had during visits to her home. She is lively, active, pretty, a little coquettish, and, though a poor learner in school, fully interested in her neighbours, her hair ribbons, and her pursuits. In physical appearance, development, and manner she might pass for a child of ten.

Clinically, the fits in this February series were mild major epileptic attacks. The eyes and the head were twisted to the left; there was a

tonic stage followed by a clonic. There was little cyanosis. There was no tendency to bedsores. There is no record of the temperature at any time reaching 100° F. There was incontinence of urine.

On February 7th, the first day of the group, a 15-gr. dose of chloral was given. No noticed benefit resulting, the dose was not repeated. Except for that one dose no drug was given while the group lasted. Till the fourteenth day of the group Benger's food was given by the mouth; on the three following days feeding was rectal, as the patient opposed feeding by the mouth. Judging by the eye, she did not lose weight during the illness.

To those who were having the trouble of the case and writing down the time of onset of each fit to the nearest minute, it sometimes seemed that fits were suspended while the patient was being examined and began again as soon as the examination was over; at other times it seemed that the attacks ceased if the patient were left alone in the room, the observer being out of sight but within hearing. In the first days of convalescence the child, though as lively as ever, would not talk, but made somewhat ostentatiously the sounds of a baby that has still no vocabulary. Wherefore the fiat went forth on the Thursday morning that unless meanwhile she took to talking properly there would be no penny for her on the Saturday. That may or may not be the reason why she recovered normal speech on the Friday.

What is the diagnosis?

The answer seems to be: The fits were epileptic, the condition was hysteria.

For I take it that when the subconscious mind has ousted the conscious mind and has usurped sole command, the condition is hysteria. Let the fits clinically be what they will, if they are of conscious origin the condition is malingering; if they are of subconscious origin the condition is hysteria; and if of unconscious origin the condition is epilepsy.

For the most important of all purposes, that of treatment, the view that the physician takes of the origin of a group of fits is of more than philosophical interest. For it influences the treatment and consequently the result. Among those who had charge of the case now under consideration the opinion was general that a stimulating slap in the interval between two fits (by startling the conscious mind back to duty) would have cut short the series. The experiment was not made, because in the presence of good nursing and the absence of drugs the prognosis seemed to be quite good, and the introducing of a risk seemed only doubtfully justifiable.

In certain patients at the Colony we have seemingly been able to prevent the recurrence of serial trouble by giving the patient good cause to wish series not to recur. For instance, one young woman who for

years had been having several isolated fits a month began to have groups of four or five hundred. Clinically each fit in a series seemed similar to the fairly severe isolated major fits that were usual in her at other times. There was incontinence of urine and of fæces. Accumulation of mucus in the air-passages with cyanosis and difficult breathing gave the series a grave aspect. But on the patient being told that because of these series it would be necessary to discharge her from the Colony, she replied that she would have no more of them. She kept her promise. Isolated epileptic attacks continued to occur, but there were no more series.

Markedly in epilepsy *post hoc* is not always *propter hoc*; we see sudden improvement that we are unable to ascribe to changed treatment. But year by year the feeling grows stronger in me that the frequency of fits that are called epileptic may sometimes be diminished by treatment that is generally called anti-hysterical, and that it is not necessary in every case of serial epilepsy to give dangerous drugs. In other cases such drugs may give the patient his best chance of not dying. What we for practical purposes want to know is, which series are in themselves dangerous to life, and which are not. Is there any sign that will enable us to arrive at a decision?

Part II.—Reviews.

Papers on Psycho-analysis. By ERNEST JONES, M.D., M.R.C.P.Lond.
Second edition, revised and enlarged. Pp. 715. London: Baillière,
Tindall & Cox.

Not so long ago, when the Darwinian theory was mentioned to many a man of superficial learning he would dismiss it with a contemptuous look and the statement "Oh, that means that man is descended from monkeys," and so far as he was concerned that ended the matter. At the present time when psycho-analysis is spoken of even in scientific circles a similar scorn may be shown, ending in the phrase that psycho-analysis puts everything down to sex. For such people Freud's psychology means the psychology of sex alone, and they are too high-minded to have anything to do with it. They know nothing of Freud's views regarding determinism, the affective processes, the displacement of affect, and the dynamic nature of mental processes in general.

The subject of conflict with its frequent termination in repression, the nature of unconscious processes and their manifestation in disguised forms are unknown territories to these people. Then there are dreams, the psychology of wit, the psychology of every-day life, etc. This list to be complete would need considerable extension, but enough has perhaps been said to indicate that Freud's psychology cannot be limited to the catchword "sex."

It is not the purpose of this review, however, to hold a brief for