

*Case of an Extraordinary Number of Convulsions occurring in an Epileptic Patient, with Remarks on Nutrient Enemata.* By H. HAYES NEWINGTON, Ticehurst.

Miss X. Y., æt. 25, was admitted August, 1876.

The family history in this case is very bad on both sides. At the age of 12 she was first noticed to be strange at times in her manner—becoming suddenly absent-minded and irritable—and these symptoms were often accompanied by a peculiar flushing of the face. At times, too, she gave way to uncontrollable screeching, especially on some trifling irritation. She grew up to be an emotional and wayward girl, requiring the guidance of an elderly governess and companion. A year or two ago she commenced to have attacks of *petit mal*, both by night and by day. If she had them nocturnally she would be tolerably free from them by day for some time. On several occasions she had attacks while out riding, but only once or twice sufficiently severe to place her in danger of falling from her horse. She became erotic, and developed a delusion that a young gentleman was madly in love with her, though she could give no verbal nor literary proof of such being the case. At last she became dangerous—on one or two occasions jumping up suddenly from her seat and trying to strangle her sister. She was placed in the family of a surgeon, who soon, however, saw that it was hardly a case for domestic treatment, and eventually she came into our charge.

On admission she was tolerably calm and collected, but filled with religious notions, more or less absurd and self-satisfied. The day after admission she was excited at being detained, crying passionately, and vowing vengeance on all concerned in her being confined in an asylum. In a day or two she began to see that this was not the right way to convince us of what she was certain of—that she was sane. She accordingly exercised some self-control, with very good effect; and for three months went on very quietly, exhibiting only some mental enfeeblement, with at times obstinacy and a great power of quoting scripture, writing religious poetry, and describing beautiful visions that occurred to her during sleep. At night also she had occasionally anomalous seizures, which none of the nurses who sat up with her could describe in such a manner as to give us sufficient grounds for diagnosing their nature. For a long time after her admission no history of her former condition reached us. But about the beginning of November the true character of the seizures became apparent, as one or two occurred before us, and then there was no doubt about the matter, especially as we found out at the same time what had occurred previously. She had, after this, a period of intense religious excitement, during which she made a full declaration of her love matters to us. This ended by her becoming fixed in a delusion that she was Jesus Christ. She refused all her food, and at last the stomach-pump had to be resorted to. This period she travestied into the circum-

stances attending the Crucifixion in a manner very painful to the lookers-on, showing a most morbid knowledge of the real events of that time, and a wonderful ingenuity in fitting facts. She had names for us all—Peter for myself, as I had to use the instrument, and therefore “smote” her. The operation had to be repeated a few times; she then had a succession of fits, and had to keep her bed on the 13th of November. She had been taking bromide of potassium and bromide of ammonium in various doses and combinations. All through her illness she has shown herself to be very susceptible of bromism; the peculiar eruption and gastric disturbance appearing after only a few days’ dosing. As the fits were not in the least reduced in number, as will be seen, the medicine was stopped, and no other remedies tried, except blistering the back of the neck and frequent turpentine injections. I much regret that the record of the number of fits occurring between Nov. 13th and Nov. 20th has been lost; but I have now before me a list of the number after the latter date, each seizure being noted down at the time, a watchbook and pencil being ready on the mantelpiece for the purpose. Before giving the almost incredible number of these it will be well for me to describe them, first saying that very many of them came on in my own presence and that of other medical men; and from the nurse’s description there is no doubt that all were of a similar nature. The first warning was a fixing of the eyes, with the peculiar abstracted look of wondering horror so often seen in epileptics. The head was slowly drawn to one side or the other, and fixed over the shoulder. The jaw was drawn forcibly down, and the features assumed a curious expression, exactly resembling those of the *Child with the broken drum*, whose passionate, screeching grimaces must be familiar to most. The muscles of the chest became fixed, and sometimes there was a slight gurgle, but never any resemblance to the epileptic cry. The pupils were slightly contracted, but not always; and sometimes one side of the face acted more strongly than the other, producing an appearance of unilateral facial palsy. The pulse was full and labouring, and a trifle slow. This condition lasted a few seconds—from five to twenty, and occasionally more—and then the usual clonic spasms came on. These were not severe, and were almost entirely confined to the muscles of the face and neck. The iris could also be seen wavering towards the end of the seizure. Consciousness was entirely abolished at the commencement, but soon returned if a succeeding fit did not follow too closely to allow of this. The type of the seizures will thus be seen to have been purely epileptic, though of the milder form.

The record of seizures commences at 9 a.m. on the 20th. During the twelve hours to 9 p.m. she had 274; by 9 a.m. on the 21st she had 384 more, making 622 in twenty-four hours. This is nearly at the rate of one every two minutes, and no two fits were more than five minutes apart. At 9 a.m., 22nd, she had had exactly 400 more. At 9 a.m., 23rd, 525 more. At 9 a.m., 24th, 395. From 9 a.m. 24th,

she slept a great deal, having only three fits to 2.45, when they came on again, and lasted through the night, there being 214 recorded by 9 a.m. on the 25th. From this time they rapidly left her, only about 30 occurring on the 26th, and none on the 27th.

Though, of course, any one of the fits might have been fatal under the preceding and succeeding circumstances, and the prospect of her pulling through was very remote, yet only on the evening of the 24th did death seem to be actually impending. The interference with the circulation was very marked, deep cyanosis appearing, and most ominous râles in the chest were heard all over the room. For some days before the fits became so numerous a peculiar form of stomatitis appeared, aphthous patches covering pretty nearly all the visible surfaces of the tongue, gums, and cavity of the mouth. The growth from these was horribly offensive, and from one place on the roof of the mouth a long membranous piece hung down for two inches. This was removed, and left only an abrasion in the mucous membrane, there being no erosion underneath. This trouble yielded afterwards to borax and honey, but while it existed made it impossible to administer any food by the mouth, even had not the frequency of the fits prevented such being done. On the 17th, therefore, the patient was fed *per anum*, and from this date to the 25th nothing, not even a drop of water, passed her lips. The injections consisted of one egg, one ounce of brandy, and one ounce of a strong mixture of Liebig's extract. This was administered every five hours.

Since this attack the patient, though quite strong in body, has never recovered her former mental state. She is childishly obstinate, full of delusions, and easily excited. She is liable to recurrence of the fits in batches, and these are followed by an increase of impairment of speech, which symptoms came on after the large series, and has never left her entirely. She has written to me a detailed account of her former life, portions of which I append, as showing how curious are the twists and turns of a mind slowly carried on to insanity by the milder grade of epilepsy. The visions are peculiarly characteristic, and I have good grounds for tracing their immediate connection with her erotism, and the means that she takes to gratify it.

*Remarks.*—The point that first attracted attention in this case is the frequency of the epileptic seizures, and for this alone it would, I believe, be worth placing on record. The only cases that have in my experience come at all near this have been some of general paralysis, but in these the fits have been so run together, and marked by continued stupor, that a line can at once be drawn between them and the one under consideration, in which the seizures were so completely separated from each other, that each constituted a distinct trial of the patient's power of resisting death. More wonderful still than the number of the attacks is the fact that the

patient pulled through, and had her bodily health fully re-established. The case is valuable as showing that uncomplicated epileptic seizures do not necessarily tend to death, however frequent they may be. With regard to attempting to stay the disease with medicine, &c., the best plan, I feel sure, is to throw it all to one side as more likely to do harm than good, and to devote all one's energies to the administration of proper and sufficient nutriment. This is simple enough in most cases, but not so when circumstances prevent the natural mode being adopted. Feeding *per anum* is not in very general favour, nor are its benefits, I believe, sufficiently understood or resorted to by the majority of practitioners. One often hears it said, "If it has come to feeding by injection there is no hope for the case." Such is too often true, for the reason that it is adopted too late, when the system is played out, and has not sufficient energy left to accommodate itself to the new mode. Just in such a case after fatal termination it is often said, "You may put up as much food as you like, but very little is absorbed, and it does little good." But our present case completely answers that; for not only was the patient's strength and pulse kept up for a period of eight days, during which a powerful and continued strain was thrown on her constitution, but this was done on an amount that is not more than persons under ordinary circumstances would take the equivalent of.

The principal points to be attended to are—1st. To carefully select the materials that may be considered best to be injected, and having chosen them not to vary them unless urgent circumstances require it. The reason of this is that the bowel must naturally make preparations to qualify itself to take up its novel duties, and this cannot be done at once. Therefore, when it has so prepared itself it must be unwise to throw it out of gear again by altering either the *consistence* or *character* of the nutriment. 2nd. To avoid the addition of any chemical or manufactured adjuvant, *e.g.*, hydrochloric acid, pepsine, &c. These are not only unnecessary, but positively prevent the continuance of the treatment for more than a few days. 3rd. To prevent the return of the injection. As is well known, the quantity of it has a great deal of influence on its retention or rejection. As a rule no more than 4oz. in bulk should be administered at one time. But however small the injection is, it is of little use trying to send it up if, as the case often is, fæcal collections block the way. As a preliminary, therefore, a large soap-and-water enema may

be used; a considerable quantity of oil being added if the mass is sufficiently hardened to resist the water. This may be repeated every other day. At the commencement of the treatment in spare people, position does not much matter; but in weakened or fat people it is of great consequence that the patient lie on the back, and the instrument be passed between the legs. The effort to roll over, after the injection has been given on the side is quite sufficient to ensure its returning in many cases. There need be no hurry to withdraw the nozzle of the tube, since its sudden removal often causes irritation and consequent ejection. If there be a round shield to the instrument, and this can be held to the perinæum for a short time, so much the better. It is also a good plan to have a small piece of warmed flannel ready to be placed against the anus on the withdrawal of the tube. This is comfortable, and often allays the sudden impulse to use the commode or bed-pan. But in spite of all these precautions the bowel may, and most likely will, become irritable enough to render it incapable of tolerating the injection. And when this occurs, as a rule, the sponge is thrown up, and the fight given over. "There is no hope now, the patient can't swallow, and the bowel won't retain the injection—he must die." A perfectly simple and common-sense remedy for this is to plug the anus. We have under our care still an old gentleman whose case has been several times mentioned, with regard to the extraordinary number of times that he has been fed with the stomach pump (over 12,000 times at the present moment). He periodically gets blocked up, and most alarming symptoms appear. The only way to clear him is to administer large doses of oil both by the stomach and bowel, which latter is then plugged, and the "result" waited for. Notwithstanding the large quantity injected per anum, none of it is allowed to return by the plug, which consists of a sponge squeezed tight and oiled in the hand of the operator. I am convinced that if due attention is paid to these points, the treatment of many cases might be made more successful; and when it is successful there can be no doubt left in the minds of the patient and others that good luck has less to do with it than it has, or is said to have, on most occasions.

Letter written by Miss X. Y., Dec. 30th, 1876:—

Was a highly imaginative child, loved to invent stories about people and things, telling them again, and delighting in seeing the pleasure

and sometimes surprise caused by relating them, encouraged in this idea by ——. My mother, finding these stories continued, which I never saw any harm, whipped me for telling them, hoping thus to check what she thought was wrong, and fearing that as I grew older the habit of inventing would develop into real lies, which, thank God, they never did. The shame connected with the punishment caused, *as a child*, the vile inclination which I never had before, whenever the subject of whipping children was mentioned. This lasted only a few months, when my father died suddenly. This aroused me, and I saw the evil in its right light as a sin in the sight of God; prayed earnestly against it, and was thus enabled to conquer it. I was then nine or ten years old, and at that age gave up my heart entirely to God, having been well taught on religious subjects by my parents and by my good governess. Trouble on trouble came —, and I had no one to confide in, and I longed to unburden my heart to some loving friend on earth; finding none, used to wander by myself and poured out my heart to my loving Heavenly Father. Before this I used to flush up suddenly, but now I had slight convulsive palpitations down the left side, taking me quite suddenly. And sometimes I muttered or spoke in them. My sister used to scold me for doing so, not knowing what it was. On my return to — the attacks increased, so as to cause me to call out "Mother," or "Willie," as the case might be. I was taken to Dr. —, but the complaint increased, and I was told by an aunt injudiciously that I had epileptic fits. They came now only at nights. My sisters never took much notice of me, thinking me a grave, reserved girl. Was obliged to give up all study, &c., and so used to brood over the past. My dreams were all of heaven, and day-dreams I had none of earthly happiness. I had nothing but sorrow. Fits became more frequent. I began to enjoy church again, and read deep books on the subject nearest my heart, and praised be God's holy name, I had sweet visions in the fits at night, and great joy in spirit. About a year ago I met one I believed loved me, and I returned it; then the vile inclination returned. I wrestled in prayer against it, but being very ill at the time I yielded, believing (in the delusion caused by ill-health, and having no one to confide in) that it was what is called love. The course of true love did not run smooth in my case. W., being poor and very proud, did not like to propose, *but we understood each other*. This so tried me that I began to have screaming fits whenever misunderstood. I did nothing but dream of my darling, became worse, had delusions on the subject of love, went to —, and then came to you. On the 10th of November I had a most wonderful vision, which clearly showed me that my strange illness has been entirely the result of being misunderstood. The agony of that day was the beginning of my taking no food, believing that *I was to follow my Blessed Master even to the grave*. I courted not my life, "but felt ready not only to be bound, but to die for the Lord Jesus." I went through the whole Bible his-

tory during the illness, and took the form of every woman from Eve to the Virgin; and went through in agony *all* our Blessed Lord's sufferings, repeating to myself or aloud, I know not which, all the words on the Cross; hence my delusions, calling my kind doctors biblical names.

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*Cases of Insanity in which Impairment or Loss of one or more of the Special Senses seemed the exciting Cause of the Disease.*  
By M. D. MACLEOD, M.B., &c., Edin. Assistant Medical Superintendent, Garlands Asylum, Carlisle.

Blindness or deafness, occurring singly, have usually a modifying action more or less marked on the ordinary mental manifestations of their subject. That this effect of the loss of the senses may be so marked as to amount to actual insanity the following cases would seem to show.

CASE I.—J. H., male, 54 years, from Westmoreland, schoolmaster. Admitted 5th March, 1870. First attack. Was of a quiet, sociable disposition, and of sober, industrious habits. No hereditary predisposition. Ten years before admission he began to lose his sight, and has gradually become totally blind. Of late he had become suspicious of his wife and family, mistrusting the fidelity of the former, and accusing the latter of forming conspiracies to poison and injure him. He was at times violent and excited, and the two days before admission he was unmanageable.

When examined on admission he was found quiet, and slightly depressed in mind. Memory good, conversation coherent. He expressed the conviction that his wife had committed adultery with a neighbour, which was said to be a delusion.

His bodily health was good. He was totally blind from cataract, for which he had been unsuccessfully operated on.

During his stay in the Asylum his mental state remained unchanged. Suspicion of everybody to a most exaggerated degree was the chief characteristic of his insanity. He had delusions about his wife's unfaithfulness, about his food being poisoned, about conspiracies being formed to injure him. He thought that nearly every one who came near him was going to injure him in some way. He was at times, from the influence of those delusions, excited, and violent in his conduct. He was removed by his friends in October, 1873.

CASE II.—B. D., female, 76 years. Widow, from Carlisle. Washerwoman. Admitted 22nd November, 1872. First attack. Was a quiet, respectable woman. Hereditary history unknown. Two years ago became blind, and since then has been more or less insane, suffering from hallucinations of sight and hearing, being at times excited.

On admission she was found to be slightly excited. She had distinct hallucinations of vision and hearing. She fancied that people came to disturb her, to rob her, and to cause her various ills. Her