

CLINICAL NOTES AND CASES.

Cases of Epilepsy treated by Hydrate of Amylene. By EDWIN L. DUNN, B.A., M.B., Assist. Med. Off., W. R. Asylum, Wakefield.

Dr. P. Naecke in the "Allgem. Zeitschrift für Psychiatrie" publishes some chronic cases of epilepsy successfully treated by hydrate of amylen. I purpose here to record the results of the use of the drug in 14 cases of epilepsy at the West Riding Asylum, Wakefield.

As regards the mental condition of the patients placed under this treatment, all were chronic cases of epilepsy, suffering from a greater or less degree of secondary dementia. They were all in good general health, and, with two exceptions, had all been previously treated for a considerable period by bromide of potassium in doses of from 20 to 30 grains three times daily. The treatment by amylen hydrate was continued for twelve weeks; doses of half a drachm of the liquid were given three times daily for the first four weeks, and for the remaining eight weeks a similar dose was given four times a day. Appended is a table showing the number of fits for three months under the bromide treatment, and also for the twelve weeks under the treatment by hydrate of amylen:—

Number of fits during three months, treatment by Bromide of Potash.		Number of fits during twelve weeks, treatment by Amylene Hydrate.	
	Number.	Number.	Notes.
E. N.	237	304	
J. E. S.	238	302	
M.	65	52	
W.	59	34	
J. H. L.	33	22	
J. W. T.	30	37	
B.	31	32	
J. M.	26	26	
W. W.	23	44	Died in status, 12th week.
C. S.	23	17	
J. T.	19	17	
T. H. S.	—	—	Died in status, 1st week.
Number of fits during three months, not under treatment.			
J. C.	187	88	
H. B.	35	33	

It will be seen from the foregoing table that of the twelve cases previously under treatment by bromide of potash, in two (and these the most severe) the number of fits was increased by one-fourth; in one case the increase was slight; in four the number of fits was diminished, and in three the number was practically the same under either treatment. Two cases were lost in the *status*, one in the first week of the treatment by hydrate of amylene, the other in the twelfth. Of the two cases not previously treated, in one the treatment by amylene diminished the number of fits by more than a third; in the other the drug was apparently without effect. The former of these two cases presented some points of interest which will be alluded to afterwards.

As regards the special features presented by the patients under this treatment, for the first four weeks or so there was considerable mental improvement, probably in most cases due to the cessation of the administration of the bromide. At the same time during this period the number of the fits was small. After the first month, however, there was a marked tendency to run into the *status epilepticus*, and prolonged bouts of fits were common—thus in the case of J. E. S., after a total of six fits during the first four weeks, there appears in the three following 54, 149, and 70. During these three weeks the administration of chloral was frequently needed in order to avoid the status, and for a similar reason during the last two weeks of the treatment full doses of chloral had to be given several times in the cases of E. N. and H. B. Three cases during the sixth week of this treatment lapsed into a perfectly comatose condition, with subnormal temperatures and slow, heavy respiration. One of these cases, the patient J. C., presented the following features:—

This patient was a very demented and stuporose epileptic; he was wet and dirty, and usually had from one to five fits daily. He was not under treatment by bromide, probably owing to his mental and physical condition. His fits were sometimes ordinary general convulsions, but these at other times were replaced by pure acts of automatism, *i.e.*, he would utter a cry and run rapidly two or three times round the ward or airing court, and if restrained during this period would struggle violently. On placing this patient under treatment by amylene hydrate, for the first five weeks a marked improvement was observed. The “running” fits ceased entirely, the fits characterized by general convulsions became rare, and the patient became clean in his habits, washed and dressed himself, and was able to enter into a limited conversa-

tion. All this he was previously quite incapable of. At the end of the fifth week, however, the patient, after having several fits, had an attack of epileptic excitement, lasting for two days, and accompanied by acute aural and visual hallucinations, the exact nature of which could not be made out, but which were evidently terrifying to the patient. This period of furor could only be checked by chloral in full doses. When the excitement abated the patient fell into a comatose condition, with a temperature ranging from 95.8° to 96.8°, and with a feeble but not rapid pulse, and with slow, heavy respiration. This condition lasted for some days, during which the patient was perfectly senseless; he slept heavily in a chair all day, and if roused up he would reel about for a few steps, and would then sink heavily on to the nearest bench. His medicine was then stopped for a week, by which time he had regained his normal state.

As to the general features of the mental condition of the patients under this treatment, prolonged periods of epileptic excitement were common, and in the more severe and demented cases these appeared almost to alternate with periods of a stuporose nature, somewhat similar to the above, but not so marked in degree. In no case, ultimately, was the mental condition of any patient improved. Regarding the bodily health of these patients there was no marked change to be observed in body-weight, appetite and digestion, nor in the amount of urine excreted, nor of urea secreted. The pulse and respiration, except during periods of stupor or excitement, were normal.

To sum up: under amylene hydrate treatment beneficial results seemed at first apparent in all cases, and perhaps did exist throughout in some of the less severe cases. In the graver it ultimately proved to be useless. It had no effect on epileptic excitement, as on several occasions in this condition as many as two extra doses of the drug were given within a period of three hours without any effect, and it is at the same time possible that the slighter cases would have done equally well without any treatment at all. Thus, as far as personal experience goes, there appears to be no advantage to be derived from replacing the ordinary bromide treatment by this drug. In addition, its expense, which is great, is no slight drawback.
