

Prior to 1820—Adm  
State Inst—Faribault

## TWO CASES OF EPILEPSY.

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FROM the opening of our institution we have found it necessary to receive epileptics, and in my efforts to relieve their condition as much as possible I have met with two cases which have been of unusual interest to me, and I have therefore made them the subject of this paper, not with the hope of bringing anything new before you (in my experience, covering but five years, I could hardly expect to do that), but because the first case which I shall mention opens the question whether we can afford *not* to care for the epileptic in connection with our more satisfactory work of caring for the imbecile.

The case to which I refer was brought to the institution five years ago. His history, which was very meagre, stated that he was a smart, bright boy until ten years of age, when he fell from a tree, striking upon his head, causing spasms. From that time until he came to us, a period of three years, he had grown steadily worse. Paralysis was marked, coherent speech was wanting because of his condition. He had apparently no sense of taste, but would eat wholesome food, sand, sticks, strings, and rubber balls with equal avidity, if they were within his reach. Treatment immediately reduced the frequency of attacks, the boy sometimes going a month or two without a spasm.

He had been free from convulsions for nearly a month when one morning he was taken with spasms, and, thinking it was due to something he had eaten, I administered an emetic, but the convulsions continued almost unceasingly for thirty hours, notwithstanding very large doses of potassium bromide and chloral hydrate were given. Finally large doses of morphia administered hypodermically produced sleep and obtained control of the spasms. I cannot accurately state the total number of seizures occurring during this time; I was able to record but one hundred and fifty. After recovering from the effects of the morphia there was no return of the spasms, and the boy was apparently in his usual health. From that time on I noticed a steady improvement in his condition, the frequency of attacks diminishing until they ceased.

It is now more than three years since the occurrence of the last spasm.

All paralysis has disappeared. His sense of taste is as keen as that of any one; indeed, he is more than ordinarily dainty in regard to his food. Speech is also fully restored. His advancement in school-work has been so great that his teacher, after an experience of many years with pupils of all ages and all degrees of intelligence, asserts that she has never met with any child who showed so strong a desire to learn or made so rapid progress. The change has not been confined to his physical and mental conditions only, but has been even more marked as regards his moral nature. Disease had made of him a profane, selfish, disobedient imbecile. He is now a quiet, thoughtful, obedient boy, with a more than ordinarily tender conscience. Indeed, so striking is the difference between his former condition and his present one, that, setting aside the tremendous power for good which it cannot be gainsaid such work as ours exerts in any community, I consider the restoration of this one boy from a state of helpless and apparently hopeless epileptic imbecility to that of a self-respecting, self-supporting, intelligent young man, worth all the expenditure of time, money, and effort made for the needs of this class in Minnesota for the past five years.

The second case, I think, fully illustrates a nervous disorder about which much has been written the past few years, and to which the term hystero-epilepsy has been given.

Before entering into details, it may be well to state what is generally understood by the term hystero-epilepsy. A recent author, in describing it, says, "It is a nervous disorder of women, of great rarity, affecting them especially during the child-bearing period of life, sometimes, though rarely, occurring before the actual commencement of menstruation, and continuing after its cessation. It is associated with hyperæsthesia in one or both ovarian regions, and is usually attended with hemianæsthesia, and more rarely by anæsthesia of both sides of the body. There is some, if not complete, loss of tactile sensibility, and usually absolute insensibility to pain of skin and all other sensitive structures on the affected side; the muscular sense being, however, nearly always preserved." The essential and pathognomonic sign of the disease is the occurrence of attacks which present remarkable phenomena in a definite order: at first epileptiform, then affecting the mental functions of the patient, who, by gesture and actual utterance, reveals to the spectator various phases of emotional activity. This description of the disease, I think, is accepted by most writers. The exceptions that can be made to it are, first, that it is not confined to women alone, affected cases having been found in both sexes; and second, that in the case of females, ovarian tenderness is not always present.

The details of the case to which I would call your attention are as follows:

The subject of it is a young man twenty years of age, who came under my care nearly a year ago. His history stated that he was subject to fits, and that his parents were weak and foolish. When the seizure takes place he throws himself upon the floor, sometimes stretching out arms and legs, and going through the motions of a person swimming; at other times he lies upon his back mumbling over words to himself, there being always present contraction and relaxation of the muscles. His pulse is high, and there is copious perspiration, but frothing at the mouth is wanting. There is always insensibility to pain (analgesia) of skin, and occasionally opisthotonos. There is no dilatation of the pupils, nor is there any loss of consciousness. When aroused during an attack and questioned, he invariably complains of severe pain in throat and chest. This is, in brief, a description of the attack as I have observed it. If not interfered with, the convulsions may continue for two or three hours.

After an attack of this kind he seldom goes to sleep, and if he does there is never present the stupor nor the unconsciousness of true epilepsy. The pathology of the disease is somewhat obscure. It has been suggested "that an emotional cause oftentimes gave rise to the first phenomena, thus causing a shock to the highest centres and altering their action."

I have found this to be true in the case under consideration. One morning while talking with the attendant about him in his presence, I noticed that the boy was listening intently to what I was saying. I therefore continued the conversation, dwelling at some length upon his condition and expressing great sympathy for him, all the time observing him closely, and I could see that he was working himself up to a high pitch of excitement, when suddenly he reached the limit of his self-control and fell upon the floor in a spasm. After watching him long enough to note the presence of the usual symptoms, I lifted him into a chair, and shaking him gently, I told him to behave himself. He immediately proceeded to do it, and, to my astonishment, the attack was broken up, and in a few minutes he was entirely restored to his normal condition.

After careful examination I have been unable to discover any undue sensitiveness of the spine. The treatment I have followed, bromide of sodium, though far from satisfactory, has given me the best results.