POST-EPILEPTIC UNCONSCIOUS AUTOMATIC ACTIONS.¹

By WALTER S. COLMAN, M.B., M.R.C.P.,
REGISTRAR AND PATHOLOGIST TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, ETC.

In a typical epileptic fit three distinct stages may be distinguished: (1) Sudden loss of consciousness, with or without warning; (2) convulsion, first tonic, and then clonic; (3) a period of consciousness, without convulsion. If a large number of cases be taken, we find great variation in the degree in which each of these stages is present. In some, for example, the convulsion may be severe, and the recovery of consciousness rapid; in others, although the convulsion may be slight, the patient may remain in a state of unconsciousness for some time. Again, in the condition of petit mal, consciousness may not be lost, but may merely be "defective," and the stage of convulsion may be slight, or altogether absent, and so on. The object of this paper is to draw attention to some special variations of the third stage, in which the convulsion has ceased, but consciousness has not been restored. I am indebted to Dr. James Anderson and Dr. Gowers for permission to quote several cases in which the different variations of this stage are present. The duration of this stage, as is well known, is very variable. Frequently it is prolonged and so deep as to be spoken of as coma, in other cases it passes insensibly into normal sleep, and in others it is only temporary. As a rule, the patient lies perfectly still during this stage with all his muscles relaxed. Occasionally, however, without in the least recovering consciousness, the patient may perform automatic acts of great complexity. He may talk, run about aimlessly or in a fixed direction, and may become violent or even homicidal. This stage in these cases may last from a few seconds to several hours, and on recovering consciousness the patient has not the slightest recollection of what has taken place.

Dr. Hughlings Jackson regards this condition as analogous to the paralyses of the affected limb, which is seen after epileptic fits. He thinks that there is exhaustion of the "highest" (intellectual) centres in the brain, and that, in consequence, the normal control is taken off the lower centres. The condition is usually spoken of as the post-epileptic state. It certainly is subsequently to the convulsion, strictly speaking, be regarded as the closing stage of the fit.

It is important to bear in mind that these automatic actions may occur, not only after severe epileptic fits, but quite as frequently after minor seizures (petit mal) in which there may be nothing to attract the notice of anyone but the patient himself. Cases in which the patient merely talks.—In these cases there is some word or phrase which is repeated after each attack. One girl who used to have as many as eighty attacks of petit mal in the day, used to say, "Tsun, tsun, tsun" about twenty times, and then abruptly recover consciousness. A boy who had frequent fits used to repeat "Forty, market, corner, book" over and over for about a minute after each. In France cases have been described as "arithmomanias," epileptics who are usually of weak intellect, and occupy themselves in enormous sums, arithmetical calculations. At the close of a fit these patients will often propound some problem, such as the number of seconds in 1500 years &c.

UTERINE IS THE FEELING OF MALAISE.—This feeling of malaise is adopted by Dr. Gowers, in his classical work on Epilepsy, as the explanation of those cases in which, at the close of a fit, patients commence to undress, or to dress themselves, a process which may have been completed by the patient suddenly springs to his feet and runs about at full speed, avoiding all obstacles. If restrained such patients may become extremely violent, as in a case which I have previously recorded. In the case of another patient, whom I saw with Dr. Jago of Barnsbury, such attacks constituted seizures of petit mal. He frequently was seized with a sudden uncontrollable impulse to run at full speed, without any apparent cause. One patient, who had been epileptic for some years for epilepsy and petit mal, but who had never previously performed any automatic acts, was one day observed to go to a merchant's office where he had never been before. Almost immediately on entering he recollects experiencing his usual aura of an attack of petit mal, but remembers nothing more. It was then pushed the merchant out of his chair, and sat down in it himself, displaced all the papers on the desk as if searching for something, got up without taking any of the papers, and abruptly left. He placed the paper in question to quoting City streets to his office, and then only did he recover consciousness. He went back on his errand, but had the greatest difficulty in persuading the merchant, who had not noticed the initial aurum, that he had not attempted unconscious theft. The above automatic actions may be roughly divided into the following cases.

Cases in which the patient merely talks. — In these cases there is rarely any coherent line of thought to be detected. Utterance is usually rapid and indistinct, and is extremely like that of a person talking in his sleep. Not infrequently there is some word or phrase which is repeated after each attack. One girl who used to have as many as eighty attacks of petit mal in the day, used to say, "Tsun, tsun, tsun" about twenty times, and then abruptly recover consciousness. A boy who had frequent fits used to repeat "Forty, market, corner, book" over and over for about a minute after each. In France cases have been described as "arithmomanias," epileptics who are usually of weak intellect, and occupy themselves in enormous sums, arithmetical calculations. At the close of a fit these patients will often propound some problem, such as the number of seconds in 1500 years &c. Another patient who had frequent fits was observed to say, "I am not a kleptomaniac," at the close of a fit, which he had to keep up for a minute or two.

Actions suggested by the feeling of malaise.—This feeling of malaise is adopted by Dr. Gowers, in his classical work on Epilepsy, as the explanation of those cases in which, at the close of a fit, patients commence to undress, or to dress themselves, a process which may have been completed by the patient suddenly springs to his feet and runs about at full speed, avoiding all obstacles. If restrained such patients may become extremely violent, as in a case which I have previously recorded. In the case of another patient, whom I saw with Dr. Jago of Barnsbury, such attacks constituted seizures of petit mal. He frequently was seized with a sudden uncontrollable impulse to run at full speed, without any apparent cause. One patient, who had been epileptic for some years for epilepsy and petit mal, but who had never previously performed any automatic acts, was one day observed to go to a merchant's office where he had never been before. Almost immediately on entering he recollects experiencing his usual aura of an attack of petit mal, but remembers nothing more. It was then pushed the merchant out of his chair, and sat down in it himself, displaced all the papers on the desk as if searching for something, got up without taking any of the papers, and abruptly left. He placed the paper in question to quoting City streets to his office, and then only did he recover consciousness. He went back on his errand, but had the greatest difficulty in persuading the merchant, who had not noticed the initial aurum, that he had not attempted unconscious theft. The above automatic actions may be roughly divided into the following cases.

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¹ A paper read before the West London Medico-Chirurgical Society, April 11th, 1889.
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Case in which patients deliberately micturate. — This occurs in these cases, not as a part of the general convulsion, but as an apparently purposive act after an attack. Thus, Trousseau mentions a magistrate at London, a man who had suffered severely from influenza in Scotland during the present epidemic, and moreover seem to spread from the neighbourhood of the first patients to the members of the family, and to occur in Cairo in the person of an English doctor, who was in consequence removed to an asylum.

A COMPARISON BETWEEN DENGUE FEVER AND INFLUENZA.

BY F. M. SANDWITH, L.R.C.P.L.,
PHYSICIAN TO THE KASK-EL-SIN HOSPITAL, CAIRO.

Before the epidemic of influenza is at all forgotten, it may be interesting to compare it with the only disease with which it would seem to have been nearly confounded. I do not think it would have occurred to all observers that the two fevers might probably be due to one and the same poison; as their possible identity has been discussed before medi- cal societies in Paris, in the columns of THE LANCET, and two and possibly three attacks of the latter occurred in Cairo in the person of an English doctor, who suffered severely from influenza in Scotland during the present epidemic, and moreover seem to spread from the neighbourhood of the first patients to the members of the family, and to occur in Cairo in the person of an English doctor, who was in consequence removed to an asylum.

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