CASE OF

LETHARGIC STUPOR, OR "TRANCE,"

EXTENDING CONTINUOUSLY OVER MORE THAN TWENTY-THREE WEEKS, DURING WHICH LIFE WAS PRESERVED MAINLY BY FEEDING WITH THE STOMACH-TUBE.

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THE following case has attracted in this neighbourhood an amount of notoriety certainly undesigned on the part of the medical attendants, and which might possibly have been prejudicial to the patient had she not been in good time secluded, as a protection from the attentions of newspaper correspondents. The very precautions, however, which became necessary to baffle impertinent curiosity have imposed upon me the duty of submitting to the profession an account of a case, surprising and rare enough, under any view of its pathology, to merit a detailed statement in the columns of THE LANCET. Besides the three gentlemen specially named below as reporters (all of whom were also acting, at different times, as interim resident assistants) I have to express obligations to Dr. Joseph Coats, who, with Dr. Robt. Stewart, now of Bridgend County Asylum, Glamorganshire, acting as resident assistant, was responsible for the details of the case during my absence in August and part of September; to Dr. Finlayson, who on several occasions assisted Dr. Coats and myself with his opinion in consultation; to Dr. Yellowlees, of the Glasgow Royal Asylum, who favoured me at a certain stage with an important communication after visiting the patient; to Dr. Alex. Robertson, of the Town's Hospital; and most of all to Dr. Graham, of Isle Ornsay in Skye, whose careful management of the case in its first stages would have led to much earlier communication with him on my part had it not been for the unfortunate misdirection of a letter. It is due to all of these gentlemen to state here that, contrary to a statement circulated in the newspapers, we none of us saw the least reason at any time to despair of the recovery of the patient, the chief and only cause for anxiety being lest the nourishment, carefully conducted as it was, should in the end fail of being adequate to the support of the system. No one, I think, who saw the patient from day to day can entertain the slightest doubt that in the absence of artificial feeding she would have been literally starved to death. In connexion, too, with the constant care required in preserving perfect cleanliness, whereby, no doubt, many risks were avoided, a word of respectful acknowledgment is due to the nursing staff, who, under the direction of the ward sister, Sutherland, performed their onerous and rather tedious duties, from first to last, in a manner which, though quite unobtrusive, is deserving of the highest praise.

Mrs. McI—, aged thirty-two, from Knoydart, in Skye, was admitted to the Western Infirmary on August 1st, 1883 (reported by Mr. C. O. Hawthorne, Mr. John Cameron, and Dr. Kerr, resident assistants). The patient is in an apparently unconscious and helpless state, and the following particulars are derived from her husband:—About eleven weeks ago she was delivered of a child, and for about eight days thereafter appeared quite as usual, except that she was rather depressed in spirits and unwilling to enter into conversation, but not at all appreciably deranged in mind. Between three and four weeks after delivery she was sitting by the fire when, without any cry or other sign, she closed her eyes, fell back in her chair, and became unconscious; she could not move, and lay perfectly helpless; was carried up to bed, and has remained ever since in this unconscious state, attended by Dr. Graham, of Isle Ornsay. It would appear that at first, perhaps for about three weeks after the seizure, it was still possible to feed the patient to some extent with the spoon. But she was losing flesh so much under this treatment that Dr. Graham proposed to use the stomach-tube, and had her removed accordingly to the neighbourhood of his own residence. Particular questions addressed to the husband lead to the belief that the unconsciousness was not quite so deep at first as it afterwards became, and there were some traces of voluntary movements of the limbs. After the deeper unconsciousness supervened, she entirely ceased to make any definite spontaneous movement, and she has never spoken nor recognised any friends who came

to see her.¹ The following very curious statements about her evacuations are made upon the authority of her husband and a female cousin who stayed about a month with the patient. She is said never to have passed anything into the bed, nor has she ever had any kind of vessel put into the bed for her use. Her friends have never seen her get up to go to stool, and although the chamber vessel was used, it was always in the absence of her friends, who tried by watching to find her moving, but never succeeded in so doing.

[It must be remarked here that the above statement differs entirely from what was observed after admission. The evacuations were passed constantly in bed, and never on a single occasion, as above described, in a vessel, unknown to the attendants. Enemata have sometimes had to be used, commonly with an immediate result.]

She has generally lain recumbent, and the only evidence of a difference in her condition as between sleeping and waking has been her snoring in the former condition. After admission, Sister Sutherland particularly observed that snoring, though not constantly, took place invariably in the night time, and that during the day, while her unconsciousness was apparently equally deep, she did not snore. She is the mother of six children, all alive and well, and she recovered from all her previous confinements without any trouble. She has never had any illness whatever, nor can any history of hysteria or fits be discovered. Her father and mother are alive, and also three brothers and two sisters; one brother died at the age of twenty-eight from rheumatic fever.

[Her husband's statement to Dr. Gairdner at a subsequent date was that she was a careful and religious woman, who attended church regularly, but did not allow her mind to dwell on religious subjects, or anything else, to the neglect of ordinary duties. She is not known to have had any cause of mental or emotional disturbance. As far as her husband's testimony goes, none of the ordinary characters of hysteria were ever exhibited by her, nor had she ever had any kind of fit.]

With a view to condensation the substance of several reports after admission, partly by Dr. Coats, who had at first the charge of the case, and subsequently by Dr. Gairdner, are here inserted without regard to strict chronological sequence. During the month of August the patient lay throughout in an apparently unconscious condition, the limbs being completely relaxed, without the slightest trace of cataleptic or other rigidity, and without a single movement of them that could be called voluntary or spontaneous. She was fed regularly three times a day by the stomach-tube, and, with the exception of some apparent rigidity of the muscles of mastication, she never showed the slightest appearance of resistance to the passing of the tube. Her whole aspect was that of a person in deep sleep, with the eyes closed and the face as a rule altogether devoid of expression, with the single exception that when shaken or slapped, and occasionally also when the stomach-tube was passed, she manifested faint signs of discomfort or anger by frowning. On tickling the soles of the feet, feeble reflex movements of the toes took place. No evidence of sensation, in the usual sense of the term, could be obtained, either on stimulating the muscles by electricity or on pinching or passing pins through the skin, but the interrupted current caused feeble and uncertain contractions of the individual muscles of the forearm and upper arm; and during the first week after admission there was occasionally something like the attempt to support the arms when raised. The muscles of the face also responded to the interrupted current, and with normal promptness. It was particularly observed throughout the treatment that the reflexes of the eyelids were retained to a much greater degree than those of any other part. Brushing the eyelashes never failed to induce contractions of the orbicularis, and when the upper eyelid was forcibly opened the strong effort to close it again was at once apparent. The phenomenon above noticed of nocturnal snoring is subject to the remark by Sister Sutherland, that when, during her snoring, any noise or disturbance took place at the bedside the snoring would come to a stop without in any other respects her condition being visibly changed. For a time the urine was drawn off by the catheter, with the result of preventing in some degree the wetting of the bed, but ultimately this was discontinued. She was fed by the

¹ On some of the points referred to above, see the important statement of Dr. Graham, appended to this report.

stomach-tube regularly at about 9 A.M., 3 P.M., and 9 P.M., mainly with milk-gruel, 10 or 12 oz. morning and evening, and strong beef-tea, made from about 1 lb. of meat, at 3 o'clock—breadcrumb, arrowroot, and latterly biscuit powder, being introduced at intervals.

On September 8th it was determined to give effect to a suggestion of Dr. Alexander Robertson, who on grounds partly theoretical and partly derived from experience of a cataleptic case desired to witness the effects of the application of varying temperatures to the scalp and occiput. The head was shaved and an indiarubber cap applied, constructed so as to allow of a current of water being passed through its folds and to keep up a fixed temperature in immediate contact with the scalp, the water being regulated usually to 100° F. at the beginning and raised to 110° F. or more in the course of the treatment. The effect of this was found to be to raise decidedly the temperature of the body by about 1½° F., and also to increase slightly the rapidity of the pulse, but not in any other respects to produce any marked change, and ultimately the experiment was abandoned on Dr. Robertson being satisfied of its negative result.

These remarks apply in general to the condition of the patient throughout the months of September and October. On Nov. 14th Dr. Gairdner resumed, in reporting the failure of the above treatment, as follows: It may be confidently affirmed that at no period since the last report has there been any spontaneous movement of the limbs of an obviously voluntary kind, or any movement of the trunk of the body, and the only even quasi-voluntary movements that have been observed have been slight changes of expression—e.g., frowning, in connexion with disturbances of various kinds, as when she is fed with the tube, slapped on the face, &c. There is a quasi-voluntary resistance of the jaw to the forcible opening of the mouth, which contrasts strongly with the absolutely flaccid and non-resistant condition of the limbs and body when she is fed. And in removing the tube it is possible to observe movements of the tongue and lips, in regard to which a question may be raised as to their being entirely passive or automatic. The same question arises as regards the movements of the eyelids, which, though in the main reflex, do not absolutely exclude the idea of a certain kind of volition. Dr. Kerr, who has recently had the management of the feeding, is of opinion that these slight expressions of volition are rather on the increase.

With respect to the statement, so frequently recorded as regards persons in a state of lethargic unconsciousness, that the appearances have been such as to have led to preparations for burial, Dr. Gairdner notes, in presence of the class and with the most entire confidence after careful inquiry, that in no single instance during the period of observation has this woman's state been such as to suggest, even remotely, a condition of apparent death. She has always preserved a fair amount of colour, which not unfrequently increases in the cheeks to a pretty decided flush. Her hands and feet, though sometimes tending to be cool, never become dangerously so, and the trunk of the body maintains a uniform and natural warmth, the surface being almost normally moist and showing evident cutaneous transpiration at all times. The breathing has been as a rule perfectly equable, and though not deep, easily detected when the bedclothes are put down or a hand placed on the abdomen, the rate of breathing being 12 to 16 per minute. The pulse, though rather small, has always been appreciable at the wrist, 72 to 76, absolutely regular. The heart's sounds, though by no means loud, are always distinct. Pupils habitually small or natural, and seem to alter in some instances without relation to light; but when a strong light is brought to bear on the pupil in a state of medium contraction, its influence is distinctly appreciable. The eyes have been for the most part closed. Once or twice, however, Dr. Kerr has noticed the eyes, especially the left, partially open, and on his going forward to the bed and looking into the eyes, the eyelids have closed completely under his observation. Tickling of the eyelashes and parts about the eye usually provokes distinct reflexes in the lids, and tickling inside the nostril also causes slight movements of the eyelids; but there is no other reflex manifestation. Complete perforation of the skin by a pin causes not the slightest change in the expression of the countenance, and although blood is drawn, it by no means flows so freely as usual. A sudden, sharp shout into her ear, with the express object of rousing involuntary movements, fails to produce anything beyond the slightest possible stirring of the eyelid. The limbs drop when lifted and let go again, without the slightest evidence of cataleptic rigidity or volun-

tary control. There has been at no time anything like immediate danger either from fainting or from coma; but notwithstanding most careful feeding, there has been persistent loss of flesh, and the relaxed muscles are very soft. Although the evacuations have been constantly passed in bed, the greatest cleanliness has been maintained, and the skin has shown no tendency to break.

Nov. 18th, 4 P.M.—Dr. Gairdner, in making a personal visit this afternoon, repeats the experiment of shouting suddenly into her ear, in as startling a way as possible, without provoking any expression; and shortly afterwards a pinch of snuff is blown through a tube up the left nostril, with no immediate effect of sneezing or otherwise; but when this was repeated by Dr. Kerr shortly afterwards, it produced slight movements of the occipito-frontalis and of the eyelids, but nothing amounting to distortion of the countenance or convulsion of the respiratory muscles.

[It appears that a similar experiment was tried some time ago, unknown to Dr. Gairdner, with Cayenne pepper, and without any obvious effect.]

About an hour and a half or two hours after the above facts were recorded her husband, who had never been in Glasgow since her first admission to the hospital, came to see her, and the following curious incidents are reported, not only on his statement but also according to the testimony of Dr. Kerr and others who were present. On approaching the bed her husband bent over her and thinks that even then she recognised him, perhaps by some association of smell² or otherwise; at all events, whenever he began to speak she was observed to be sobbing, and to have tears in her eyes; her husband then addressed her two or three times in Gaelic, when she audibly replied (but without opening her eyes or any gesture) also in Gaelic: "God help me!" twice over. She did not appear at this time to take any notice of her husband, and even when her eyelids were forcibly opened there was no sign of visual consciousness. Shortly afterwards her husband left her, and then she was observed again with tears in her eyes. During her husband's visit Dr. Kerr noticed a movement of the right lower limb below the bedclothes, evidently spontaneous and volitional. Her husband believes also, but perhaps not with absolute confidence, that when he was holding her hand in his he felt her thumb press against his palm. Otherwise he did notice any movement of the limbs, only of the face as above mentioned.

Nov. 19.—To-day shortly before 3 P.M., about twenty-one hours after the event last reported, the patient may be said to have been for the first time distinctly aroused from the lethargic state lasting over so many months. There is the evidence of the night nurse, that during some part of the night she appeared to be weeping, but it is not certain that any further signs of consciousness were recorded. About 2 P.M. Dr. Kerr fed her with the stomach-tube as usual, and with no more than the usual amount of quasi-voluntary movements of the tongue. At 3 P.M. a patient in a bed on the opposite side of the ward heard Mrs. McI—praying in Gaelic, and shortly afterwards Sister Sutherland observed that her eyes were open and that there were tears in them, and thereupon Dr. Kerr was sent for. Her first answers to questions were to the effect that she was then perfectly conscious, and that she thanked God, and thereupon she continued praying audibly. Within a few minutes after this she was able to swallow some liquids, and also some biscuits without any difficulty. She was then seated up in bed, and Sister Sutherland says she gave a little assistance in getting into this position. Fortunately Sister Sutherland is able to speak Gaelic, and thus it may be considered as well ascertained that from the first moment of her awakening, as above, the patient gave intelligent replies to questions and betrayed no considerable confusion of thought, although after very repeated inquiries she seemed utterly unconscious of the past, and of every incident almost from the birth of her child till her awakening—e.g., the snuff blown up her nostrils the preceding afternoon seemed not in any way to have impressed her consciousness; and she did not even remember the visit of her husband in the evening, nor was she in any way aware of his having been near her. On the return of her husband to the ward, about 6 or 7 o'clock, Dr. Gairdner went with him into the room, and a scene somewhat similar to that of the preceding night, but with much higher manifestations of consciousness on the

² This was, in fact, his own suggestion; and it is certainly the case that a very strong odour of "peat-reek" was brought by him into the apartment, as is usual with persons coming from remote Highland districts.

part of the patient, followed. She shed tears freely, and showed every mark of natural affection, and afterwards, when alone with her husband, seems to have spoken to him in a perfectly natural manner, inquired for the children, assured him of her love for them and for him, and, indeed, according to his account, behaved entirely like herself. Ever since this she has taken food naturally, and, according to Sister Sutherland, is not at all different from a healthy person, but does not speak much unless spoken to. She has also passed her evacuations quite naturally.

In comparing this remarkable case with many of the other cases of hysterical trance or religious ecstasy recorded, it seems necessary to put on record the fact that a very careful inquiry gives results absolutely negative as regards any overt manifestations of abnormal emotion, or of fixed and intense concentration of mind. It is absolutely certain that she had not spoken a single word from the day of her admission till the night of the 18th-19th, and the presumptions are very strong that previously to admission, and even at the moment of her seizure, nothing of the kind referred to had specially occupied her attention. Comparing the facts of this case, for example, with the so-called religious ecstasy of Louise Lateau, as recorded by Dr. Warlomont, it may be said that no one of the quasi-automatic expressions of rapture, still less the quasi-automatic changes of position from sitting to kneeling, from kneeling to prostration, or to rapt adoration, reported in that case, existed in the present from the moment of the first observation till that of the awakening. She has remained with the eyes nearly, if not quite, closed, unless forcibly opened; she has not even muttered, has betrayed no kind of emotion at all, except the slight frowning above-mentioned, and has been from first to last entirely passive, apparently quite devoid of ideas, and of every kind of intellectual and moral manifestation during the whole of the time, presumably from June 8th till Nov. 18th, unless the circumstances stated above as connected with the earlier weeks of the disorder are to be interpreted as to some extent qualifying, or invalidating, this statement.

[The following concise statement by Dr. Graham, of Isle Ornsay, is of considerable interest as bearing on doubtful points in regard to the state of this patient before, and shortly after, the seizure; but as, owing to an accidental misdirection, no medical communication on this subject had reached Dr. Gairdner previous to the patient's awakening, it is considered better to leave the case as previously recorded, undisturbed, and to introduce the remarks of Dr. Graham here as an appendix. Dr. Graham explains in a letter that he kept no clinical notes; but the care and judgment shown by him in watching and feeding the patient give weight to his personal observations, which will probably be considered by others (as he himself supposes) to "throw some light on the nature of the case."]

Mrs. McI—gave birth to a living child at the full period on May 14th last. She was not attended at the time either by a medical man or a midwife. Those in attendance told me that labour was natural, and that there was no flooding. On the 17th she began to complain of great oppression about the region of the heart, and of great weakness. I saw her for the first time on May 22nd. She was then extremely anæmic and nervous, and was suffering from excited action of the heart and from globus hystericus. She had at times a feeling of impending death. Her temperature was about 100° F., and her pulse about 90. There was no cardiac murmur present. The lochial discharge had scarcely disappeared, but was quite natural and healthy. About the eighteenth day after delivery she had so far improved in strength that she was able to take a short walk daily in the field in front of the house; she, however, fell into a state of gloomy despondency, and on several occasions stated to those around her that she had no hope of her own recovery. Her appetite, which was poor from the time of her confinement, failed, and it was with difficulty she was persuaded to take nourishment.

On June 8th, while sitting by the fire, she closed her eyes and fell back in her chair, and ceased to move or speak. I saw her on June 12th, and administered an enema. She showed extreme reluctance to have the enema, and resisted stoutly any attempt that was made to administer it. When I threatened to bring her husband into the room she faintly cried "No! No!" which were the last words she was known to have uttered until she spoke in the Western Infirmary. About half an hour after the administration of the enema she got out of bed with assistance to have the bowels emptied.

That was the last occasion on which she made any effort to move in the presence of others. She gradually ceased to swallow liquids, which had even to be forcibly introduced into the mouth. She kept her mouth firmly closed. She emaciated rapidly, and to prevent her dying of starvation I had her removed to my own vicinity on July 5th, and fed her regularly twice a day by means of the stomach-tube.

On July 5th she was in exactly the same state as she was when admitted into the Western Infirmary. Her muscles were quite flaccid and relaxed, with the exception of the muscles of mastication. During the first ten days in which the stomach-tube was used she kept her mouth firmly closed whenever any attempt was made to pass the tube, and she frowned at the same time. These evidences of resistance became less decided before she left here. Tickling the soles of the feet produced slight reflex movements of the toes. Passing pins through the skin or sticking them into the flesh produced no sign of pain.

Now though this woman lay apparently helpless, unconscious, and dead to all external impressions, she never passed anything into the bed while here except on one occasion after an enema. I may say that I emptied the rectum on two different occasions of hardened fæces by means of the fingers. She passed water every day while here into the chamber vessel unseen and unheard by anybody, even though she was watched, except once, when her husband caught her kneeling in bed, and reaching out her hand to seize the vessel. She, however, without speaking fell off at once into her previous apparently unconscious state. That occurred about ten days before she left here for Glasgow. She was also seen a day or two before then to open her eyes, but whenever she noticed that she was watched she closed them. It is my conviction that if she had been as well watched here as she was in the infirmary, she would have passed her evacuations in bed before she would allow herself to be seen moving a limb. She was a good moral character and never showed signs of hysteria or insanity before her present illness. A maternal aunt died in the Inverness asylum some years ago. A first cousin committed suicide eighteen months ago by drowning. Another first cousin has been twice in the asylum within the last four years.

(To be continued.)

NOTE ON THE FEVERS WHICH SOMETIMES FOLLOW CATHETERISM IN PROSTATIC ENLARGEMENT.

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WHILST recognising the fact that suppurative pyelitis sometimes results from the extension of inflammation commencing in the bladder, I am familiar with two forms of fever which follow catheterism in old men with enlarged prostates and which are quite unconnected with this origin. First, there is that form of urethral fever which sets in within an hour or two of the passage of the instrument with rigor and sudden elevation of temperature, sometimes reaching 106° F., and which lasts from twenty-four to fifty-six or seventy-two hours, and then, happily so far as my experience goes, subsides with the recovery of the patient. This is the form which occurs occasionally in persons of any age, and when an instrument is passed for other reasons than prostatic enlargement, and also in other conditions than those in which any instrument at all is used. Thus one of the most severe cases of this form of fever which I have witnessed occurred in a man with cancer of the glans and body of the penis; the attack sets in during the act of micturition upon the sudden completion of an urethral fistula, formed by the ulceration of the cancer, through which some of the urine trickled. Second, a continued or intermittent fever which does not follow the commencement of catheterism immediately, but comes on after several or perhaps many days, and which terminates in death. In these cases chronic renal disease has long preceded the catheterism, and has been evinced by the excretion of an abnormally large quantity of pale limpid urine of low specific gravity and more or less deficient in the quantity of urea which ought to be eliminated in twenty-four hours. It is to the state of the kidney prior to surgical treatment, and not to the state of the bladder after the commence-