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CLINICAL LECTURE

ON A CASE OF

CATALEPSY,

OCCURRING IN THE JERVIS-STREET HOSPITAL, DUBLIN.

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GENTLEMEN,—Having already pointed out to you the great variety of derangements to which the functions of sensation and voluntary motion and the intellectual faculties are liable, as manifested in those diseases which are usually called nervous, such as apoplexy, epilepsy, chorea, and hysteria, I now beg to call your attention to a few observations on the subject of *catalepsy* and *ecstasy*.

In a genuine case of catalepsy the patient is suddenly deprived of consciousness and voluntary motion, the trunk and extremities retaining whatever position they happened to be placed in at the moment of the cataleptic seizure, until the termination of the fit, which varies in duration, in different cases, from a few minutes to many hours. The muscles appear to have lost their usual tone to such an extent, that one would be induced to say that they possessed neither contractility nor elasticity: they will assume any condition in which you may choose to place them, and preserve it, seemingly in opposition to the laws of gravity and convenience, as if composed of lead, wax, or some other inelastic or inanimate material. The eyelids are usually closed, but there are exceptions, in which they remain open, exposing the globes of the eyes and the pupils, which are generally fixed. The functions of respiration and circulation are sometimes carried on with so much obscurity that persons have been considered absolutely dead, when, to the astonish-

ment and delight of mourning friends, the delusion was suddenly dispelled by the unexpected return of the wonted faculties. I may here mention to you the celebrated case of Lady Russell, which so simulated death that the usual preparations had been made for her interment, when she suddenly awoke, as if by the sound of the bell which was tolling for her intended funeral; but imagining it was to announce the commencement of divine service, she hastily called on her friends to accompany her to church. It sometimes happens that the patient, although incapable of making the slightest exertion, is conscious of what is passing around. There is a case of this description recorded in which the phenomena of death were so well marked that the usual forms were being made for her funeral, as in the case of Lady Russell. Gentlemen, it is much easier for you to imagine than it is for me to describe, what the feelings of this unhappy individual must have been on witnessing these awful preparations, and to contemplate the sudden transition from "deep despair" to indescribable joy, which they experienced when her returning faculties enabled her to avert the horrors of a premature grave, by exclaiming in the frantic tone of triumphant exultation, "I am not dead!" It occasionally occurs in cataleptic patients, whilst all communication with the external world, through the ordinary functions of relation, is suspended during the fit, that the faculties of hearing, seeing, tasting, &c. &c., have been acquired by other parts of the individual, which bear no similitude or relation to the organs of sense. There is a case of this description detailed in the first volume of THE LANCET for 1832-33, page 663, in which it is related of the subject of the attack, a female twenty-five years of age, that she could, during the paroxysm, although insensible to all stimuli when applied to the organs of sense, hear the lowest whisper when addressed to the epigastrium, the palms of the hands and the soles of the feet; she could likewise recognise certain substances by their peculiar taste or smell, when applied to these

newly-gifted regions: she could distinguish colours, and read, with the eyes bandaged; and, what appears to be still more extraordinary, maintain a conversation in a language which she had never learned, on subjects of which she previously knew nothing, and describe with accuracy objects which she had never seen or heard of! This and similar statements are, doubtless, well calculated to put our credulity to the test; but when we call to mind the extraordinary phenomena which occur in cases of somnambulism, and what we have ourselves witnessed in the case of Mrs. Finn, we are not, in my opinion, justified in withholding our belief of the possibility of facts so well authenticated.

Ecstasy bears a strong resemblance to catalepsy: in both cases the patients, during the paroxysm, lose all connexion with the physical world, being deprived of sense and voluntary motion; but in ecstasy, associations of the most pleasing and enchanting nature are established with an ideal existence in an unknown region, which might perhaps be poetically designated the fairy land of an undescried Elysium. In this instance the individual awakes with feelings of disappointment and regret at finding that his enjoyments were visionary, and that he is again doomed to experience the vicissitudes of human life.

When we come to inquire into the causes of these strange diseases, we find that some of them arise spontaneously, and, consequently, their origin will not admit of explanation; others appear to be the result of functional derangement, or mental emotion; a third may be the effect of sympathetic imitation; whilst a fourth, it is alleged, may be produced by the mysterious agency of animal magnetism. The records of medicine furnish abundant examples of the two first; I will not, therefore, occupy your time in enumerating facts which are well known, and with which, I presume, many of you are already acquainted, but at once proceed to direct your attention to a few cases in order to prove the influence of sympathetic imitation and animal magnetism, in causing those diseases. The following case occurred at Bologna, in Italy, and is published in the *Gazette Medicale* of Paris, for November 1832. "The subject of it was a man aged twenty-four years, who having previously enjoyed good health, suffered a violent moral emotion whilst witnessing the struggles of a female in an intense hysteric paroxysm. In a short time after he himself was attacked with remarkable convulsive movements. These generally commenced in the morning and lasted for different periods, sometimes for some

hours at a time. During its accession all external perceptions were abolished in the ordinary channels. The functions of organic life, too, were remarkably troubled. His respiration was impeded, his pulse slow, the extremities were of icy coldness. In addition to these symptoms, something extraordinary was one day noticed. It was found that while he was utterly insensible to, and unconscious of, all sounds directed to the ear, he perceived them distinctly if directed to the pit of the stomach. To questions addressed there he returned immediate replies; but of all that was spoken to his ear he was perfectly ignorant. This singular phenomenon occurred three times, and was witnessed by several individuals before the patient was cured."

Permit me now to remind you of the girl Whitmore, who was admitted into this hospital a few weeks since, in consequence of a distressing pain in the abdomen, of a very anomalous character, which was, by herself, attributed to the fact of her having eaten some berries "she got on a tree." However, I think there is good reason to suppose it to have been of hysterical origin. This girl was in the constant habit of sitting with Mrs. Finn, until she became decidedly hysterical herself; and I understand that since she left the hospital she has been attacked with genuine catalepsy, and is at present in the *Richmond Hospital* under treatment for that affection. From a consideration of these circumstances, and a recollection of the fact that catalepsy is a disease of such rare occurrence that the celebrated Cullen never saw a case of it, I think it is rational to suppose that sympathy had some influence in exciting it in this individual, who, I admit, was constitutionally predisposed to nervous affections.

The advocates of animal magnetism allege that they can by the exercise of certain manœuvres of the hand, conducted according to "their system," produce ecstasy in such persons as may be subjected to its influence; many cases in support of the truth of their doctrine have been published, but as I consider one example sufficient for our present purpose, I will merely read to you an extract from Andral's lecture on this subject, in which the following curious circumstances are detailed:—

"In the inaugural thesis of M. Fillazi, defended before our Faculty of Medicine, there is the narrative of an occurrence bearing irresistible proofs of its authenticity, and which seems to me to be sufficient to decide the question. The author, then an *interne* at the *Hotel Dieu*, and totally sceptical regarding the powers attributed to this mysterious essence, this

asserted magnetic fluid, formed for mere amusement the plan, with a brother *interne* equally incredulous, of submitting this friend to the manoeuvres of the magnetizers in the manner M. Rostan describes. The 'passes' were continued for about twenty minutes without any remarkable effect, but at the expiration of that time the young man began to yawn, his eyelids grew heavy, and closed involuntarily; he attempted to shake off this torpor in vain; his respiration next became accelerated, his head fell on his shoulders, and he uttered a sardonic laugh of indescribable expression. We thought (says the narrator) that he was amusing himself at our expense, but in a little time, what was my horror when I saw his fingers turn blue, his head fall powerless forward, when I heard his respiration rattling like a dying man's, and felt his skin as cold as death itself! I cannot find words to describe my sufferings, I knew not what to do. Meanwhile all these horrid phenomena increased in intensity. I tremble at the recollection of what I saw; there lay my friend, my victim, devoid of the aspect of life, in a state of complete and terrible collapse, with his hand clasped in mine, in a state of agony no tongue could tell of. I laid him on a bed, and waited the result in a state of mind I can never forget. In a quarter of an hour he recovered, and exclaiming, that in the ecstasy he had experienced sensations of extreme delight: he passionately begged of me to recommence the 'passes.' I did so with less apprehension, and again the somnolency proceeded; the collapse, however, was less profound and terrific, and in some minutes he suddenly awoke with the exclamation, 'What happiness is this!'" However incredible or surprising this narrative may appear at the first blush, yet when we bear in mind that it has been authenticated by a physician of character, who had been himself an unbeliever in the doctrine of animal magnetism, we should not, in my opinion, be justified in doubting his veracity. Our knowledge of the laws of the animal economy is not yet sufficiently perfect to warrant our disbelief in the possibility of certain phenomena, *merely* on the grounds that we did not ourselves witness their occurrence, or because they cannot be satisfactorily explained according to our present notions of physiology and pathology. For my own part I have made it a rule to receive all information on these abstruse but very interesting subjects with feelings of impartiality, being uninfluenced by preconceived theories, and, I trust, not being hypercritically sceptical of the statements of others, and to wait pa-

tiently in all matters of doubt, with the hope that time, the growing intelligence of the age, and the advancement of science, will speedily dispel the obscurity.

I now beg your particular attention to the case which has brought us together on the present occasion, and has naturally excited so much interest amongst you for some time past. It will be read to you as it was noted down in the case-book during its progress since the admission of the patient into the hospital:—

"Ann Finn, aged eighteen years, eight months married, of rather full habit, with delicate skin, blue eyes, and fair complexion, was admitted into the Jervis-street Hospital on the 29th of June, for neuralgia of the right side, with which she had been afflicted for the preceding six weeks. At the time of admission there was much tenderness on pressure along the course of the sciatic nerve, from the hip to the knee. The slightest motion caused shooting pain in this direction, and it was acutely felt in the lumbar region on every attempt at coughing or sneezing. The pain was so severe at night that it prevented her from sleeping. Her general health was indifferent, being feverish, and in bad spirits. She was then (June 29th) about three months advanced in pregnancy. Various topical and general remedies were administered for five or six weeks, viz., locally, leeches, blisters, moxas, and liniments, were applied without advantage. Acupuncture was also made trial of. She was rather insensible to these external stimuli; even the application of the moxa gave her but little uneasiness. The ointment of veratria, in the proportion of a scruple of veratria to an ounce of lard, was used, but, like the other applications, without the slightest beneficial effect. She took internally at different times, quinine, carbonate of iron, and anodynes of various descriptions; but all medicines administered internally disagreed with her after a few days. About the latter end of July, as she found herself not improving in hospital, she stated her intention of returning to her friends in the country, and on the 1st of August, much to the surprise of every person in the hospital, she arose, dressed herself, and walked away apparently quite well. During her stay in the hospital she never left her bed, and for a few days previous to her departure she appeared to suffer more than usual. The fact of her thus suddenly recovering the use of the limb after long confinement, made some ill-natured persons suspect she had been malingering; but this was as improbable as the suspicion was uncharitable and groundless. On the 23rd of October she was again admit-

ted into the hospital, the pain in her thigh being nearly as bad as formerly. She stated that she had miscarried a few weeks after she left Dublin in August, that she had been suffering nearly all the time she was in the country, from the affection of her side. She looked pale and dejected, but had not lost flesh.

Nov. 1. A drunken man, a friend to one of the patients in the ward where she was, abused her for some imaginary offence, and threw her into a violent hysterical paroxysm; she was seized with a kind of retching, became nearly insensible, and her countenance was quite suffused. The globus hystericus was visible, rising in her throat. This fit lasted nearly an hour, and she appeared to be much exhausted after it. She had an attack of this kind almost every day up to the 9th instant, when the character of the paroxysm became altered, and the neuralgic affection appeared to have completely left her.

9. In the fits to-day she commences by smiling, pushing out her legs, and clenching her fists so firmly that it is quite impossible to open them. The jaws also become closely locked; she twists her hands about, and then strikes the bed violently, or if any person endeavours to hold her she resists with all her force. She sometimes catches hold of her own hair, and if not prevented would tear it out in handfuls. She attempts to bite her own or any other person's hand which happens to be near her; and should she not succeed in her efforts she bites the bed-clothes, and if her feet be left loose, she kicks furiously in every direction. Those paroxysms last only a few minutes, but they occur very frequently during the day, and are brought on by the slightest disturbance. In the intervals of the paroxysms she is tolerably well and in good spirits. She has retention of urine, and requires the use of the catheter; the urine is limpid, and secreted in considerable quantity.

13. Fits continue without any alteration in character; the retention of urine also continues, and she requires the use of the catheter two or three times daily. She is perfectly intelligent, but has completely lost her speech. She hears, or will write or make signs to show that she perfectly understands, any question put to her, but is utterly incapable of articulating a single word. It appears that she had a paroxysm of long duration last night, and that she has not spoken since.

21. Aphony continues, and the most insignificant monosyllable has not escaped her lips since the last report. She is perfectly intelligent in the intervals of the paroxysms, which occur more frequently and with greater violence than heretofore.

To-day she exhibits a new phenomenon; after each paroxysm she becomes *cataleptic*. About a minute or two after one of the violent fits before described is over, and she appears to be quite recovered, she suddenly drops into a sound sleep, the countenance assumes the most perfect placidity, the eyes remain closed, and when the lid is raised the eyeball is seen turned upwards with the pupil dilated. She maintains whatever position she happens to be in at the time of seizure, with the exception that the fingers are suddenly bent backwards, extended. The arms, fingers, and head, retain any posture they are moved into, no matter how ludicrous or painful, apparently. The legs and feet become too rigid to admit of removal. The toes are always firmly and violently flexed. During this fit she is perfectly insensible to every thing around her, and no stimulus appears to be capable of exciting consciousness. Having remained in this state for eight or ten minutes, she recovers with a moan, and seems to suffer from pain in her left breast. These fits occur twenty or thirty times in twenty-four hours, and as frequently in the night as in the day. Retention of urine continues, but it is secreted in less quantity than before, and is full of mucus. She cannot now retain it as well as formerly, and requires the catheter four or five times in the twenty-four hours. The tongue and pulse are natural. She indicates by signs that she is affected with head-ach. Her appetite is bad, and she has scarcely slept at all since her re-admission into the hospital.

23. The cataleptic fit comes on quite suddenly, continues longer than before, and *precedes* the furious paroxysm. The cataleptic attack is generally of about fifteen minutes duration, and the *subsequent* convulsion about three. When recovering she generally utters a few piercing moans, and places her hands on the left side of her thorax, as if she felt severe pain in the region of the heart. She suffers pain all over the abdomen, but it is manifestly the result of morbid sensibility in the nervous system, and quite different from the pain resulting from inflammatory action.

25. The following is the order in which the stages of the paroxysm occur. She becomes suddenly cataleptic, perhaps while in the act of eating, drinking, or making signs in reply to questions which have been put to her. She continues insensible, in the position she happens to be in at the moment for about fifteen or twenty minutes. She is then seized with a violent paroxysm, which lasts only a minute and a half, when the convulsion suddenly stops. She relapses into the cataleptic state, in which she continues

about ten minutes, at the end of which time she instantaneously awakes, in possession of all her faculties except speech. The fits recur every five minutes, and the slightest degree of disturbance is capable of producing them at any moment. The pulse is not affected during the catalepsis.

26. The catalepsis continues much longer than heretofore; she remained in one fit this morning without intermission for an hour and a half. An oelion was played close to her ear, but she seemed to be unconscious of what was doing: her head was then placed over a bucket, and some cold water was dashed upon her. She screamed violently, but did not become conscious. She was spoken to on the epigastrium, the palms of the hands, and the soles of the feet. When she recovered from the fit, on being questioned as to whether she had heard the music or any person speaking, or if she felt the water, she answered by *signs* in the negative.

Dec. 1. At 5 o'clock this evening she was seized with an extraordinary difficulty of breathing, which resembled a violent panting, the abdomen and thorax heaving alternately in a most remarkable manner. The respirations as counted by the motions of the chest were 120 in a minute, but by placing the hand immediately over the patient's mouth, it was ascertained that the admissions and expulsions of air into and from the lungs were very little, if any, more frequent than natural. This new symptom has not in any degree interfered with the cataleptic seizures, which occur as frequently as before. The pulse weak and quick, beating 108 strokes in a minute; altogether she looks more emaciated and exhausted than she did since her admission into the hospital.

9th. She has remained nearly in the same state as when last reported. The dyspnoea has never remitted even for an instant up to last night, when she had an hour's comfortable sleep. To-day her respiration occasionally stops suddenly, and continues suspended for a minute; her face becomes livid; the arms, which at other times are easily flexed or moved, become quite rigid, and cannot be moved without considerable force; the abdomen is enormously distended during the suspension of respiration, from which she recovers with a crowing noise, when the countenance, arms, and abdomen, instantaneously return to their natural state.

13. She appears improved to-day; had two hours' sleep last night. The spasmodic action of the diaphragm ceased altogether during sleep, and is not near so violent at any time as formerly. The catalepsis now lasts but a few minutes, and on recovering from it she is seized with a

violent convulsive paroxysm, similar to that described on the 9th of November, with this difference, that she does not relapse into the cataleptic state on the subsiding of the convulsions, but is suddenly restored to her faculties.

17. There was a slight appearance of the catamenia yesterday morning, which ceased in the evening; in other respects she remains pretty much in the same state; loss of speech and retention of urine still continue.

18th. Menstrual discharge yesterday, but this day it returned, and is abundant. The interruptions to respiration are frequent, and attended with congestion of the face, rigidity of the limbs, and tumefaction of the abdomen, as before.

21. She can articulate a few insignificant monosyllables, such as 'yes' and 'no;' the inordinate action of the diaphragm has nearly ceased.

25. All this day the catalepsis never at any one time continued more than one or two minutes; the convulsion, which is very violent, lasts three or four. She is sick, and had retching three or four times.

26. About ten o'clock last night, the nurse being absent, she got out of bed to get a drink, her stomach became sick, and she vomited, she says, a clot of blood, and *immediately* found she could articulate. She now speaks as well as ever; says she was always perfectly sensible except when affected with a fit, but on these occasions had no knowledge or idea whatever of anything that occurred.

29. The catalepsis lasts not more than one minute. The paroxysm which succeeds is more violent than it has been at any former period. She strikes at every person about her, as if by design. She sometimes speaks whilst in the convulsion, which ends leaving her in a sort of idiotic stupor, which continues for two or three minutes.

January 3, 1835. On this day she recovers from the convulsive paroxysm without its being succeeded with the 'idiot stupor.'

12. Has continued as last reported, up to this day, when there is a slight appearance of menstruation. She has likewise been attacked with the inordinate action of the diaphragm, from which she has not suffered during the last three weeks.

16. This day she stated, that having been thinking over various matters which occurred to her during the last two months, she recollected having heard a voice one day on the pit of the stomach while she was in a fit, and consequently otherwise insensible. On the occurrence of the first cataleptic attack after this communication, she was spoken to on the epigas-

trium as on the 26th of November; and on the subsidence of the fit, she could repeat with accuracy every word addressed to her through this region. This experiment was often repeated, and always attended with similar results. She could hear the lowest whisper, or even the ticking of a watch. However, she was incapable of distinguishing between the voices of different persons who spoke to her. She stated that the voice appeared to her as if it issued from a barrel, and that she could form no idea whatever of the state she was in.

February 1st. She has been gradually improving ever since the last report, and is now able to get up and walk about the ward. She is sometimes seized with the catalepsy when in the erect posture, and *remains* so during the fit. Retention of urine continues, but in every other respect she appears to be steadily recovering."

Such, gentlemen, is the history of Mrs. Finn's case; the details may appear to be unnecessarily tedious, but when you call to mind that the report introduces to your notice some *new* symptom or important change or modification of the disease, you must perceive the propriety of sacrificing a little time and attention to accuracy of description; for instance, the neuralgic affection, with which she was originally attacked, continued with little intermission for nearly six months, when it suddenly left her on the 1st of November, in consequence of the supervention of a paroxysm of hysteria. The cataleptic symptoms appeared for the first time on the 21st of the same month, and ever since that period the case has been of a mixed character, alternately presenting the symptoms both of hysteria and catalepsy. I will not now detain you with lengthened commentaries on the numerous, and I may add anomalous symptoms, which have been already described. However, there is one to which I feel it necessary to call your special attention: I allude to the loss of speech, which took place on the 13th of November, and did not return till the 25th of December. Although this symptom is by no means an uncommon occurrence in hysterical patients, I am not aware that there is any case on record in which *mutism* continued so long without interruption as in this instance. There is one mentioned by Andral, in which the patient, a female, 26 years old, suddenly recovered her speech at the end of ten days' dumbness. It is a curious fact, worthy of recollection, that in this instance, as in the case of our patient, the power of articulation returned immediately after a fit of vomiting. I regret to state, that

this very strange phenomenon will not admit of a satisfactory explanation; it cannot be accounted for in the usual way by a reference either to a defect in the intellectual faculties, or paralysis of the tongue, as she was perfectly intelligent, and could move the tongue in every direction with the utmost facility, in the absence of the paroxysm, nor can we say with confidence, that the defect was in the larynx, inasmuch as she was capable of uttering "a crowing noise."

The causes, progress, duration, and the pathological phenomena, attendant on nervous diseases, are so variable, and so imperfectly understood, that it is impossible to lay down any one plan of treatment which will apply to all cases. In our prescriptions we should be guided by the circumstances peculiar to each individual case. In accordance with this principle the remedies employed in the case of Mrs. Finn were numerous, and varied as circumstances seemed to indicate. For example, when the paroxysms were violent and the countenance was suffused, leeches were occasionally applied either to the temples, spine, labia, or inguinal regions. Embrocations to the temples, and blisters to the nape of the neck, spine, and epigastrium, were also employed from time to time. Internally she got purgatives, antispasmodics, tonics, and emmenagogues of every description.

In concluding this protracted but interesting discussion, permit me to state, although I am vain enough to think that the plan of treatment adopted in this case had a beneficial influence in *moderating* the symptoms, that I ought not confidently to attribute the present improvement either to the skill of the medical attendant or the *specific* efficiency of his prescriptions.

RECOVERY OF SPEECH.—The following paragraph appears in the *Hampshire Telegraph* of last week:—"On the 21st inst. a woman named Lydia Chamberlayne, aged 51 years, now living in Kingsland-place, in this town, had the full power of speech returned to her, although she had been dumb for the last sixteen years. On Sunday morning last, while walking in the garden, she felt a severe pain in the chest; she coughed, and threw up a fleshy substance of considerable size, and immediately the power of speech was restored to her, to the delight of course of herself and her aged father." Our object in making the quotation (in the absence of other authority) will be found in the foregoing lecture.