

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JULY 1, 1835.

[NO. 21.]

CASE OF CATALEPSY.

FROM A LECTURE DELIVERED AT THE JERVIS STREET HOSPITAL, DUBLIN, BY
ANDREW ELLIS, ESQ. SURG. ETC.

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. Acupuncturation 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 admitted 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 endeavors 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. These 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 everything 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 headache. 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 paroxysms. 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 catalepsy continues much longer than heretofore; she remained in one fit this morning without intermission for an hour and a half. An æolian 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 has 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 catalepsy 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 subsidence 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.

18.—No 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 catalepsy 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 has no knowledge or idea whatever of anything that occurred.

29.—The catalepsy 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 epigastrium 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 catalepsis 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 Anhal, 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 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.—*Lancet*.

CÆSAREAN OPERATION PERFORMED THREE TIMES WITH SUCCESS ON THE SAME WOMAN.

In the German medical journal *Abhandlungen aus dem Gebiete der Geburtshülfe* (Ed. G. A. Michaelis), Keil, 1833, we find the following case, in which Drs. Zwanck, Wiedemann, and Michaelis, were the operators, and which we now analyze and present to the English reader. The subject of the report was a female, who had suffered so much from rickets and softening of the bones during childhood, that she did not commence to walk (and then moved only with difficulty) till the age of twelve years.

At the period of her second pregnancy her stature did not exceed four feet (Prussian measure), and the vertebral column was excessively curved at the lumbar region: the pelvis, when examined internally, appeared very much contracted from behind forwards; the antero-posterior diameter, from the lower edge of the symphysis to the promontory, was two and a quarter to two and a half inches, and that of the inlet was estimated at two inches. The cavity of the sacrum was not well marked, and the perineum was very small.

The course of the first pregnancy was regular, and labor came on at the end of forty weeks; as the head appeared to remain immovable above the inlet of the pelvis, the child was turned and the forceps applied, but without effect, and the assistance of another physician was required.

As the child appeared still to live, it was determined to perform the Cæsarean operation, and in order to prepare the patient twelve leeches were applied to the abdomen, and she was ordered an emulsion containing some nitre.

The operation was performed on the following morning, by Dr. Zwanck, June 18, by an incision which divided the linea alba. Dr.