

## A CASE OF HYSTERICAL APHONIA IN A GRAND MAL EPILEPTIC.

BY L. PIERCE CLARK, M.D.

FIRST ASSISTANT PHYSICIAN, CRAIG COLONY FOR EPILEPTICS, SONYEA, N. Y.

The occurrence of hysterical aphonia is not rare, but the condition occurring in an epileptic is not only uncommon and interesting, but is also quite unique. The case is as follows:

Mr. J., aged 31; German; with a bad family history. Epilepsy of grand mal type began at 25 years of age, and has had attacks of petit mal and grand mal about every three weeks since. Patient is of fair mental and physical condition. He has been under constant observation for the past four years. A history of a condition of temporary aphasia after convulsions was given by patient's sister. Shortly after coming under my observation, patient had a severe seizure followed by entire loss of speech. He was able to whisper a few words but did not recover from the aphonia for six days. It was thought that the condition might be a post-convulsive exhaustive aphasia, and careful attention given to hysterical stigmata did not disclose the well-known symptoms of that disease. The diagnosis of post-convulsive exhaustion of the speech center was allowed to stand until several attacks of aphonia had followed petit mal. At last the condition occurred independently of convulsions, and then strong suggestion was sufficient to re-establish the full power of speech in a few minutes, and upon suggestion he has become aphonic again. Power of speech has been restored after all sorts of epileptic phenomena, so the diagnosis of post-convulsive epileptic aphasia, can be no longer held. The patient loses speech only at certain hysterical nodes which the convulsions seem, in the majority of instances, to determine and accentuate.

Only in the absence of the hysterical stigmata in aphonia following grand mal epileptic seizures, can we be sure of the exhaustive nature of the lost or disordered speech. Strong suggestion or even hypnosis must also be tried. Undoubtedly many cases heretofore supposed to be based upon exhaustion, or inhibition according to Gowers and Lowenfeld are

really conditions of hysterical aphonia. Isolated or combined hysterical phenomena are to-day found to be of much more common occurrence in connection with typical epilepsy than was formerly thought to be the case.

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III EPILEPSY ASSOCIATED WITH PARAMYOCLONUS. Verga and Gonzales (*Annali di neurologia*, 1900, XVII, 6).

These authors quote an authority, Bresler, who found that all his myoclonics were epileptics, and who advanced the theory that paramyoclonus was a spinal epilepsy. The authors' own cases are as follows:

Case I.—Male, single, aged 32 when he entered the asylum in 1884. Had been in similar institutions four times since 1875. His work, when he was employed, was heavy, and he depended on alcoholics for energy. One brother and two sisters were epileptic. His epileptic attacks began at the age of seven. At the age of 20 the myoclonus began. His character is very irritable, culminating at times in mania. His epilepsy is not of a severe type, about one attack per month. The myoclonus affects the limbs and face, and consists of a mild tremor and twitching of muscles, to which are occasionally added more violent jerking motions of head and limbs. Patient is now 49 years of age. He exhibits numerous marks of degeneration, asymmetry of face, nose deviated to left, absence of lobules of ears, vicious implantation of teeth, etc. Special senses and pupils normal, and in general he passes a good physical examination. The principal anomalies are the myoclonus, which affects the integrity of voluntary muscles, the gait, etc., the epileptic attacks, and the mental state, consisting of weakness of mental faculties with irascibility.

Case II.—Male, entered asylum in 1882, at age of 32, where he remained up to 1895, when he died. Epileptic since the age of 10. Four out of ten brothers and sisters are epileptic, two of the four having also paramyoclonus. His epilepsy was of a grave type, attacks being both frequent and severe. The paramyoclonus began at the age of 16. The patient originally passed a good physical examination, and his senses, reflexes, etc., remained normal. His myoclonus was incessant and interfered with all voluntary acts, such as eating and drinking. Perhaps for this reason he gradually passed into a state of marasmus.

Case III.—Male, admitted to asylum in 1884, at the age of 19. Epilepsy and myoclonus came on simultaneously at the age of 12. Several brothers and sisters likewise affected. The patient's epileptic attacks were not frequent or severe in type. The myoclonus, however, was incessant and severe. The mental state was one of weakness and irascibility. General physical condition was unimpaired. Patient died in 1889. A fibrinous exudation was found on the arachnoid, at the base of the brain; miliary granulations on pia,—tuberculous, meningitis.

The cases occurred in degenerates, all with strong family history of predisposition.

CLARK.