

Observations on epilepsy, its pathology, and treatment / by William M. Cornell.

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OBSERVATIONS ON EPILEPSY.

CHAPTER I.

Case from Scripture—Ancients supposed it a special visitation from the gods—Definition of Epilepsy—Symptoms—Considered incurable by some—Cases of recovery under Dr. Herpin and others—Difficulty of localizing the disease—Is the brain affected organically or only functionally?—Portions of the brain excluded by Dr. Todd from being its seat.

THOSE acquainted with the Greek, the language in which the passage in Matt. xvii. 15, and the parallel one in Mark ix. 17, were originally written, will readily see that the child spoken of was “lunatic and sore vexed”—in other words, that he had *epilepsy*, or the *falling sickness*. Often he fell “into the *fire*, and into the *water*.” How much devil, more than natural sickness, there was in this case, we shall not attempt at present to measure. That it is a vivid description of epilepsy, no one can doubt who has ever been familiar with this disease. The original Greek word for epilepsy means *to seize suddenly*. The seven devils cast out of Mary Magdalene were doubtless *epilepsies* under demoniacal influence. The ancients called a person, when sick with this disease, *lunatic*, because they supposed it to be connected with the *changes of the moon*. It is very doubtful, however, whether the moon has anything more to do with it than with the planting of cucumbers, or the “coming of soap,” or the best time for killing pork. It is well known that epileptic attacks take place at any time, and through all the phases of that “silvery orb.”

This sickness has been called by various names, in different nations, and in different times, as it has been known to exist from the earliest ages. Many of the ancients supposed it to be of a *devilish* or *demoniac* origin, inflicted by the malice of their deities, or demons, between which there was not much to choose. The Romans considered an attack of this disease as an ill omen; and if it occurred in the forum all business was suspended for the day. Hence they called it *morbis comitialis*. As

they had an abomination for the disease, and wished to avert it from themselves, they used to spit in the face of the epileptic ; and hence they gave it the name of *morbis qui sputatur*. The French have two names for it, each designating the character of the attack. The lighter, they call the *petit mal* ; the graver, the *grand mal*.

It is difficult to give a perfect *definition* of epilepsy, and I shall not attempt it. The leading symptoms of an attack are the following. An unearthly screech, such as has been known to frighten women into hysterics, and to cause " a parrot to drop from his perch seemingly frightened to death by the appalling sound " ; loss of consciousness ; clonic spasm ; sudden falling ; embarrassed breathing ; turgid and livid face ; choking sound in the windpipe ; brows knit, features much distorted ; light and sometimes bloody foam issuing from the mouth ; urine and fæces sometimes unconsciously expelled by the force of the spasm. When the convulsions have subsided, the patient is left exhausted, stupid and comatose.

The fits usually commence by the mouth twisting awry, the eyes quivering and rolling about, the chin raised, and by sudden jerks brought round towards one shoulder, the tongue thrust between the teeth and often bitten. During the paroxysm there is usually violent palpitation of the heart, and frequent and feeble pulse. Sometimes no pulse can be felt at the wrist.

Such are the *symptoms* of a severe attack. But sometimes the greater part of these symptoms are absent. Consciousness is lost for a moment, accompanied by a fixed gaze, or a tottering step, and a look of confusion ; and all is over. The patient then goes on with conversation or business, as though nothing had happened.

Dr. Cullen defines epilepsy to be a "*malorum convulsio cum sopore.*" Dr. Copland, " Sudden loss of sensation and consciousness, with spasmodic contraction of the voluntary muscles, quickly passing into violent convulsive distortions, attended and followed by sopor, recurring in paroxysms often more or less regular."

Epilepsy has been considered by most physicians an incurable disease. It has, indeed, generally proved so, and hence there are physicians who advise that nothing be done—that the case be left entirely to nature. That it would be better to follow such advice, and *do nothing*, than to do what has often been done, will appear in the sequel.

But others, of more wisdom and foresight, recommend a different course. From the fact that many have been freed from this disease, by medical treatment, they advise that efforts be made to deliver the patient from this grave malady. Thus we find most of the standard writers

upon medicine enumerate more or less recoveries from this disease, and advise patients afflicted with it to continue to seek relief from medical skill. Dr. George B. Wood, of Philadelphia, in his "Practice of Medicine," says, "When not dependent on any permanent organic disease, epilepsy may often be cured, if taken at the outset; and there is reason to believe that the germ of many an epileptic case is destroyed by the proper treatment of the occasional convulsive paroxysms, which so frequently come under the notice of the physician. Cures sometimes, also, take place in cases of considerable duration; and there is no reason to despair in any case, unless obviously connected with incurable organic disease." Dr. Eberle says, "Dr. Dewees has expressed contradictory sentiments, in relation to the curableness of this disease. Under the head of *treatment* he asks, 'what plan of treatment has ever succeeded in curing epilepsy? Has epilepsy ever been cured?' Under the head of *diagnosis*, however, he says, 'when the disease is symptomatic, it is occasionally curable. Those attacked between the fourth and tenth year may be cured by proper treatment.' This is just such an inconsistency as all those are liable, I may add compelled, to fall into, who maintain that epilepsy is in all cases, or *generally*, incurable. When the brain is essentially diseased at the commencement of epilepsy, it *is*, doubtless, incurable; but I think it will clearly appear, in these observations, that such cases are very rare—at most, not one in twenty of the whole number. Such has been the experience of the writer in as large a number of epileptic patients, probably, as has fallen to the lot of any one physician in this country.

In reference to Dr. Dewees's remarks, as above, Dr. Eberle continues—"Most assuredly this latter sentiment accords with the experience of the ablest of the profession of all ages. However appalling and really intractable this disease may in general be, perfect cures are by no means so uncommon as the doctor's interrogatories might lead one to suspect. I have known at least five distinctly-marked cases cured under my own observation, two of which were of more than two years' standing, and one above six years."

Such is the testimony of Dr. Eberle, a man who wrote one of the best systems of "Practice" in our country.

Boerhaave, Van Swieten, Storck, Richter, all state cases of cure under their treatment. Frazer says he cured nine cases out of eleven. Drs. Prichard, Latham, Young and Percival, also give cases of cure under their treatment. Thus we have abundant evidence from the highest medical authority to discountenance the idea that nothing can be done to remove epilepsy in ordinary cases.

If the question were, is epilepsy *ever* incurable? no one would deny that it is. But, when the question is, whether it is ever curable, all intelligent physicians say yes, and that it may always be remedied where the brain is not really diseased at its commencement; and we hope to show from the highest authority that such cases are very rare.

While we have never made any pretensions to remedying this disease in all cases, we are fully satisfied that the inculcation of the idea that nothing can be done, and that, ordinarily, nothing should be attempted, has resulted in great injury. It has discouraged and rendered incurable many who might have recovered; and it has been in opposition to the views and experience of the most eminent physicians of all ages. We have given, in the above references, but a very small portion of the names of physicians under whose treatment recoveries have taken place in this very afflictive disease.

In the *Union Medicale* for December 1st, 2d, and 7th, 1852, Dr. Herpin, of Geneva, gives the following *results* in treating epileptic patients. "Of twenty-six female patients, sixteen were cured, six were improved, and four were incurable. Of twenty-four male epileptics, twelve were cured, four were improved, and eight were incurable. Of thirty-five patients under 20 years of age, eighteen were cured, nine improved, and eight incurable. Of nine patients, aged from 20 to 50, five were cured, one was improved, and three were incurable. Of six patients, aged from 50 to 80, five were cured, and one was incurable. Of twenty-three cases which had existed less than a year, fifteen were cured, five were improved, and three were incurable. Of twenty-five cases of from one to twenty years' duration, thirteen were cured, five were improved, and seven were incurable."

Thus, from the experience of this Genevan physician, it does not look as though there is no encouragement to treat epileptic patients. On the contrary, even cases of twenty years' standing are curable. An anonymous writer in the number of this Journal for Aug. 2, 1854, has related several cases wherein permanent cures were effected in this disease.

Difficulty of Localizing Epilepsy.—All the known phenomena of this disease point to the nervous system as chiefly, concerned in inducing it. The muscular convulsions are consequent to, and dependent upon, the nervous disturbance. On the other hand, the strong muscular force developed has a powerful re-action upon the nervous system.

What part of the nervous centres is disturbed in this disease? Is it the brain, or any one part of it; or is it the spinal cord; or both, or all of them? It is not simply a disease of the nerves. There can be no

doubt but the irritation of a nerve, at its periphery, may so irritate the nervous centre, as to induce epilepsy; and the phenomena of this disease would not be exhibited, unless these centres were much disturbed. In the development of the epileptic paroxysm, the first phenomenon is loss of consciousness, and then follow muscular convulsions. It is well known to every intelligent physiologist, or pathologist, that loss of consciousness is never the sequence of lesion or disturbance of the spinal cord—that, in all diseases of a special spinal origin, consciousness usually remains perfect.

Suppose, then, we look into the brain for the primary disturbance in the epileptic paroxysm. The brain, it is well known, is composed of several parts, each of which, no doubt, discharges a particular function, and all of which united constitute the brain.

We will begin with the *medulla oblongata*. If this were so far disturbed, as to produce convulsions, they would be *tetanic*, not *clonic*. It is well known that, though the convulsions, in epilepsy, are sometimes *complicated* with *tetanic*, yet there are always alternate contractions and relaxations, such as do not occur in that disturbance of respiration or laryngismus always arising from primary disease of the medulla oblongata. If the medulla oblongata were the primary cause of epilepsy, *laryngismus would always attend it*. But this is not the case. Moreover, loss of consciousness is sometimes the only symptom of epilepsy. No degree of lesion, in the medulla oblongata simply, would account for this.

The *corpora striata* and *optic thalami* are different in structure, and, doubtless, differ in function. Whatever that function may be, it is generally admitted that it has no concern in *mental* operations; of course, none with consciousness. If they are diseased, motion, or sensation, or both, may be paralyzed; but consciousness remains undisturbed, unless the lesion extends to other parts of the brain. No disease of these parts, then, will account for the *first* symptom of epilepsy—loss of consciousness. Besides, no mechanical irritation of them will produce *convulsions*. Neither the primary nor secondary symptoms of epilepsy, then, can be produced by any disease of these bodies.

For the same reasons, we must also exclude the *cerebellum* from being the cause of this disease.

Is the *cerebrum* implicated in epilepsy? It most certainly is. All physiologists agree that this is the seat of the intellectual power—of consciousness. As loss of consciousness is the first symptom of epilepsy, the *cerebrum* must be implicated. It will be a question hereafter to be considered, whether this implication implies *disease of structure*, or of *function* only.





As to "the *mesocephale*" of Dr. Todd, upon "the disturbance of which," he says, "*the convulsions* depend," we think he would have been better sustained if he had said the *whole* of epilepsy depended upon *these* portions of the brain, or upon these in connection with those parts of the nervous system which he *excluded from being concerned in it*. We believe they depend much more upon the quadrigemina, the medulla oblongata and spinal cord, than upon either the cerebellum or cerebrum; and that this "localizing" of the convulsions will much better account for all the epileptic phenomena—both the coma, *sympathetically affecting the cerebrum*, and the *convulsions*, by irritating the medulla oblongata and spinal cord.

As it respects the *motor* apparatus, we are sustained in this opinion by the experiments of M. Flourens and M. Hertwig. They show that that part of the motor apparatus which causes convulsions consists of the corpora quadrigemina, medulla oblongata and spinal cord, while injuries inflicted upon the optic thalami, corpora striata, the cerebrum, the pons varolii and the cerebellum, cause *enfeebled* motion, but no convulsions. Indeed, if any point in physiology is established, so far as the brain is concerned, it is this—viz., lesions or irritation of the medulla oblongata and spinal cord, *always* cause convulsions.

Müller, also, in reference to this same subject, says, "Although owing to the re-action of different parts of the brain on each other, it is probable that other parts than the corpora quadrigemina and medulla oblongata may, in disease, excite convulsions by sympathy, yet from the facts above mentioned (by Flourens and Hertwig) we may infer that, when the power of motion of the limbs is defective from disease in the central organs, the cause may be seated, either in the corpus striatum, thalamus opticus, hemispheres, pons, cerebellum, medulla oblongata or medulla spinalis; but that, in cases of *convulsions*, or *convulsions* with paralysis, dependent on diseases of the brain or spinal cord, *the seat of the disease is more likely to be in the corpora quadrigemina, medulla oblongata or spinal cord, than in the other parts of the nervous centres.*"

All the writers upon this subject have been more or less deficient and obscure; and even M. Solly, who may be said to be among the *most able* of them, is, sometimes, not a little misty. As it is a nervous subject, it is possible they have all been a little *nervous*. Sir Charles Bell was *reported* to have thrown much light upon this system; but Dr. Alexander Walker represents Mr. Bell's light as only *lunar*, and charges him with having *stolen his thunder*, which he (Walker) fulminated to his pupils several years before Bell knew anything about it.



through the anterior lobe of the cerebrum, and coming out at the median line at the junction of the coronal and sagittal sutures. In this case there were very slight convulsions, but *general tremors and debility of the lower extremities*.

Dr. Carpenter, in his "Human Physiology," says, "No irritation or injury of the cerebral fibres themselves, produces either sensation or motion. Even the thalami and the corpora striata may be wounded without the excitement of convulsive actions; but if the incisions involve the tubercula quadrigemina, or the medulla oblongata, convulsions uniformly occur. When convulsions occur during diseases which appear limited to the cerebrum, we infer that the medulla oblongata and spinal cord are involved."

Hence *we* infer that those pathologists who refer epilepsy in all cases to *disease of the cerebrum or the cerebellum*, have been mistaken. No disease of these (strictly confined to them), will produce the manifest symptoms, or *convulsions* of epilepsy; while a lesion, or even a *sympathetic* influence upon the tubercula quadrigemina, medulla oblongata or spinal cord, will produce the convulsions of epilepsy, without involving, except sympathetically, either the cerebrum or cerebellum. The functions of the cerebrum, and its structure even, may be disordered, in the language of Foville, "by repeated epileptic attacks," and, undoubtedly, often are; but this is a very different affair from its being the *original seat* of epilepsy.

Dr. Carpenter says again (sec. 502), "Of the proper *convulsive* diseases, it appears that the whole may be attributed to a morbid state of the cranio-spinal axis and its nerves:" and in section 503, he says, "epilepsy is a convulsive disease, whose original seat is in the cranio-spinal axis, though the cerebrum is also affected." Dr. C. has entirely set aside the *cerebellum* from having any concern in epilepsy.

Dr. Todd has excluded the *cerebellum*, the *medulla oblongata*, the *spinal cord*, the *corpora striata*, and the *optic thalami*, from having any concern in the *first* symptoms of epilepsy. He then adds, "there remain only two parts of the brain in which we can *localize* the primary disturbance of the epileptic paroxysms—namely, the *hemispheric lobes* and the mesocephale." He supposes the *cerebrum* or *hemispheric lobes* must be implicated, because there are loss of consciousness and other mental phenomena, which cannot take place unless these hemispheres are diseased. But are there not loss of consciousness, and the same mental phenomena, in *every case* of epilepsy? Why, then, are not these hemispheric lobes diseased in the *first periods* of epilepsy, instead of, as Foville says, only "after repeated attacks"? Dr. Todd admits that







ask, how long will it take to remove this cause, and thus take away the effect, or cure epilepsy, upon the *antiphlogistic* or *depleting* plan? Is it not as plain as the sun-light, that the *lancet* and *purgatives*, and the whole paraphernalia of *debilitants*, might be employed *ad eternum*, and the difficulty only be thus long augmenting? I have had patient after patient, who had been the whole round of this system, again and again, until they "had spent their whole living, and were nothing bettered, but rather grew worse;" and who, upon being put upon a different treatment, have soon improved: in some instances, the convulsions disappearing entirely; in others, where they had occurred once a month, the patients going three, four or six months, without an attack. In accordance with these views are the following remarks of Dr. Badeley, on the treatment of *insanity* and *epilepsy*, and indeed all nervous diseases. "There is great expenditure of the nervous energy, where the brain is thus seriously excited; and this, in my humble opinion, is a main reason why depletion cannot be borne—why sudden prostration is likely to succeed, and why death follows fast upon it. Pinel opposed bleeding most strenuously, as tending to retard recovery, and even to render recovery doubtful. Dr. Rush was particularly blood-thirsty. Dr. Pritchard believed the cases to be very few which would yield to large depletion, and considered that the existence of the patient would be much endangered by it. Dr. Barrows, who, following the example and trusting to the experience of others, tried depletion for several years, admits that 'he discovered his error,' and changed his practice, after which he met with much better success."

Now, if I am not mistaken, Dr. Badeley has here divulged the *bane*, the *primum malum* of the medical profession, in the practice of Dr. Barrows—"following the example and trusting to the experience of others." The physicians who think of deviating from the ordinary routine of practice, or of not *following the books*, in my humble opinion, are "few and far between;" and there is a cause for this—for if a physician does thus deviate, there is danger of his losing caste, and being frowned upon by those whose *dictum* is *Judex* in high places; and never, till each physician has independence enough to use his own judgment, in the treatment of disease, can the profession hold up in its front the motto "*Excelsior*," and be progressive.

I will, in the sequel, show how these views, namely, that epilepsy arises from debility, have been sustained by cases which have come under my treatment. It is well known that fear, or fright, is a *depressing* passion; and joy, an *exalting* one. Now, I have had a large number of cases, where epilepsy originated in the former, fear, but not one in which

it was caused by the latter, joy. If these data are correct, and I think they are, it becomes a question whether they do not go to prove the diagnosis of epilepsy to be, from *debility*. In one of the first patients I ever had with epilepsy, it was induced by *fright*; and when I saw him first, he had had the convulsions more than a dozen years. When about 15 years of age, he, with another lad, a little younger than himself, was sitting up with the corpse of his grandmother. They were below, and the body of the woman in a chamber over their heads. Suddenly there was a clattering noise, apparently in the room above. They were both very much frightened, and the elder one had a fit, and continued to have fits about once in three weeks afterwards, for a number of years. The cause of the noise was discovered to have been the jumping of a cat from one side of a pantry to the other, in the upper entry-way, upon a batch of tin milk-pans. The weight of the cat causing the centre of gravity in the milk-pans to fall in a different place, precipitated them to the floor, and their falling occasioned the noise which the young man, for the moment, supposed was caused by the coming to life, or the resurrection, of his grandmother.

A young lady, who had been subject to epilepsy for seven years, stated, that the *first fit* came on immediately upon a physician's informing the family that her mother could not recover from a fit of sickness. The fits afterwards returned once in every two weeks.

A little boy, 6 years of age, had the *first fit* when an older brother threatened to give him to a large dog, by which the child had previously been much frightened.

Dr. Webster, of London, mentions the following case :—"Respecting the causes often producing epilepsy, he considered *terror* as one of the most powerful; of which a very striking example, some time ago, came under his observation. It was that of a young woman who was frightened by a fellow servant, disguised as a ghost, with a light in his hand, when he suddenly appeared before her, at the end of a dark passage. She became so alarmed as to fall down in a fit of epilepsy, which afterwards frequently returned."

Dr. Eberle says, "Fear, terror and grief, and other disagreeable sensorial and mental impressions, have been known to give rise to epilepsy. I have met with three instances that were excited by terror. Locker states that six out of fourteen cases of this disease, which came under his care in the Hospital St. Mark, at Vienna, were produced by terror."

I could name many other cases in which epilepsy has been induced by *fear*; but will not occupy further space to do it.

A large number of epileptics, certainly as many as twenty-five, who



eagle's eye, has scattered to the four winds all the arguments of so eminent a man as Dr. Hall in favor of such practice, and left the "*disjecta membra*" of all his successors in the same course of treatment, like the records and wealth of old Troy, "*nantes in gurgite vasto.*" Yet some physicians are found who still advocate the abstraction of blood to remove congestion in epilepsy. This only shows with what tenacity men cling to a favorite theory. Had they lived in the days of Galileo, they would not have believed that the sun stood still, and the earth turned around ; or, in the days of Harvey, they would sooner have believed that the blood stood still, or, at the most, ran out from the heart in the night and back before daylight, than have adopted his demonstration of the circulation.

The following remarks, in Copland's Medical Dictionary, on the Treatment of Epilepsy, are directly in point:—"Bleeding has been advised in the paroxysm ; but unless in the epileptic convulsions of the puerperal states, or when the fits are attended by very marked plethora, or cerebral congestion, or in a first attack, especially upon the suppression of some sanguineous evacuation, it should be deferred." I think it should be deferred in most of these cases, as will appear in his own remarks. "Besides, it cannot easily be performed in the convulsive stage of the paroxysm, at which time it is most appropriate. In the soporose period of the fit it should not be resorted to, unless apoplectic symptoms be present. I have seen it at this stage cause a return of the paroxysm as soon as sensibility had been partially restored. A gentleman residing near Portman Square, had been under my care, in the spring of 1833, for articular rheumatism. He soon recovered and went out of town. Towards the close of the year, whilst in Scotland, he had an epileptic attack, and was blooded in the arm, and cupped soon afterwards. This was the second seizure, the first having occurred two or three years before. He returned to town immediately after this second attack ; and when I saw him, there appeared no occasion for further vascular depletion ; a course of alteratives and stomach purgatives was therefore directed. Three or four days afterwards, he had a third seizure, and was brought home in the soporose stage of the fit. I did not see him until about two hours afterwards ; and then a physician, who had been called in whilst I was sent for, had had him cupped largely ! But soon after depletion, and as sensibility was returning, the paroxysm recurred. The obvious course, in this case, was to have caused the patient to be removed to bed, and to have stated that nothing further was requisite in that stage of the fit, until the patient had partly slept off the exhaustion ; when the physician in attendance would pursue that course

which his knowledge of the antecedent disorders and state of the patient would warrant. Whilst this was passing through the press, a man of middle size, apparently about 40, consulted me; and stated that he had been seized with the first paroxysm of the disease immediately *post coitum quinquies repetitum duabus cum puellis intro horas perpaneas*; that he had been bled to about a pint soon afterwards, and experienced a still more severe fit about a month after the first; that the third seizure occurred about a fortnight after the second, during which he fell down and cut his head, the cut part having bled a pint at least; that his usual medical attendant, arriving soon after the termination of this fit, bled him largely from the arm, but that as soon as the vein was closed, the fit returned, and that during the struggle the vein broke out, and the blood was allowed to flow until two or three pints were taken in addition to the quantities lost just before. The person who accompanied him to my house, on account of his weak state, and who witnessed the paroxysms, stated that this last was most severe; and that the fit which occurred during the depletion, and which was attempted to be put a stop to by continuing the abstraction of blood until a very unusual quantity was lost (about five pints in all), was remarkably prolonged and violent. The patient is now pale and weak, with a waxy appearance of the surface: completely exhausted physically and mentally, and constantly dreading a recurrence of the paroxysms. This case furnishes a very remarkable instance not only of the failure of large bloodletting in arresting or shortening the fits, but also of its influence in rendering them more frequent and violent when injudiciously prescribed."

The Latin in the above quotation, shows that excessive venery may be the cause of an epileptic attack, in accordance with our remarks above on masturbation.

Dr. Armstrong says, "Excess of venery is very often the occasion of epilepsy, and still more frequently, excess of that solitary vice, onanism, of which I have seen some most lamentable examples." Dr. Eberle says, "Excessive evacuations are among the exciting causes of epilepsy; and this is particularly the case with inordinate seminal evacuations, either from excessive venery or masturbation."

In these cases we have still additional proof of epilepsy being caused by *debility*.

I only add that Dr. C.'s resort to "purgatives" was but little if any better treatment than the other physician's use of the lancet. I am not opposing bloodletting, in cases where it is indicated, nor the use of purgatives where required; but it must be a rare case of epilepsy to demand either.







cian knows that almost all (perhaps quite) the chronic local diseases which invade and ultimately destroy the human body, originate in the blood. This is confessedly the case with cancer, scrofula, syphilis and consumption. Do what you will of a *local* nature ; apply what remedies you please directly to the diseased organ ; extirpate, burn, cauterize, scarify, inhale, bleed, blister, cup—all is to little purpose, unless you can eradicate the poison, and change, invigorate, purify and build up the system. In this respect no small share of medical practice, in by-gone days, has been carried on upon a wrong principle ; and, happily for the good of the patient and the credit of the doctor, many eminent practitioners have recently seen the error and changed their practice. Twenty-five or thirty years ago almost every physician believed, for instance, that “ *scrofula* was to be purged away by drastic cathartics, and bled away by the effusion of the crimson fluid ;” and many a patient has been *catharticised* and *exsanguinated* till he found refuge only in the grave. But such practice at the present day would not be tolerated, and the doctor who should advise such practice in this disease would be considered half a century behind the age.

What is true, in this respect, of *scrofula*, is equally true of cancer, secondary syphilis and consumption. Not one of them can be cured, or was ever cured, by drastic cathartics, extirpation, or the shedding of blood. In cancer, for instance, it is now the expressed opinion of some of the best surgeons abroad, that, while the life of the patient may have been prolonged by the use of the knife in some few cases, on the whole, taking into account all the operations, it has been of no benefit, if not positively injurious. The same may be said of the other diseases above named ; and it may be emphatically and truthfully said of *epilepsy*. Some remarks in the Boston Medical and Surgical Journal (since these articles were commenced, Vol. LI., p. 151), from the pen of Dr. Cartwright, fully harmonize with the views here expressed. “The best definition,” says Dr. C., “ever given of pulmonary consumption, was given by Dr. Benjamin Rush, when he called it an *all-overness*. He viewed it as a disease of the whole system, and not of any particular part. It is an *all-overness*, because it is a disease of blood origin.” This is undoubtedly correct, as it respects *consumption*, and the remarks may as truly be applied to *epilepsy*.

CHAPTER IV.

Various Recipes—Recorded Cases—Case by the Patient—Effect of Mind on Disease—Melancholy Patients—Five Rules in Treatment—Medicines—Remedies should be adapted to each individual Case—Medical Books and Opinions.

It has already been shown that *bleeding* for epilepsy, and all other *nervous* diseases, is injurious. It has also been stated that *cathartics* (except in some few particular cases) are deleterious. For the instruction, if not for the amusement, of the reader of these "observations," I will now transcribe a few, out of a handful of *recipes*, which one patient brought me to show *what* he had taken. It may be added, these "recipes" were written by a medical gentleman of eminence, and who was for many years at the head of one of the hospitals of this Commonwealth; but the patient was never conscious of receiving the least benefit or the slightest amelioration of the disease, from the use of any of them. The first one, it will be seen, contains the *nitrate of silver*; a medicine very often prescribed, in this disease, and recommended in "the books," but which I have never known to be of the least service; and it often gives the skin a peculiar *hue*, neither that of the Indian nor Negro, but more uncomely than the former, and as indelible as the stain of the "Ethiopian," or the "mark of Cain." This gentleman had this mark fully set upon him. Here are the "recipes."—R. Nit. argent., ʒ ss.; ext. stramonii, ʒj.; nux vomica, ʒ ss. Make into 50 pills with crum of bread. Dose, one every night and morning.—R. Strychnia, grs. xij.; vinegar, ʒ ij. M. Dose, ten drops three times a-day, in sugar and water.—R. Wild cherry and prickly-ash bark, āā ʒ viij. Put it into a gallon of soft water; boil till two thirds are evaporated; add two pounds of brown sugar. Dose, a wineglassful before each meal.—R. Chloric ether, ʒ ij.; spts. camphora, ʒ ij.; spts. nit. dulc., ʒ ij.; M. Dose, a teaspoonful three times a-day in water.—R. Oxide of silver, ʒj.; ext. conium, ʒij.; colocynth, ʒj. M. Ft. pil. no. 60. Dose, one ter diem. If the *silver* must be employed, for fashion's sake, this preparation is much preferable to the *nitrate*, as it is not so apt to *tinge* the skin.—R. Tinct. nux vomica, ʒ iv.; tinct. stramonii, ʒ jss.; chloric ether, ʒ ijss. M. Dose, a teaspoonful three times a-day.—R. Fowler's solution, ʒ ss.; chloric ether, ʒ ij. M. Dose, fifty drops at bed time, in water. This, so far as the *tonic* property is concerned, might do very well; but some recent examinations abroad, into the *ultimate* results of the long-continued use of arsenic, have shown that it is not a very *safe* remedy.—R. Ext. nux vomica, ʒij.; ext. stram., ʒ ss.; oxide silver, ʒj.; crum of bread, q. s. Pil. no. 60. Dose, one

ter diem.—R. Tr. nux vomica, ℥ iij. ; spts. laven. comp., ℥ ij. M. Dose, twenty-five drops three times a-day in sugar and water. Increase to thirty drops.

These were *bona fide* recipes, brought by a patient, with others, as mentioned above ; but it is presumed this sample is sufficient for the convenience of any, who, when they know not *what* to do, may be disposed to do, they know not *what* ; because it is a maxim that every doctor *must do something*.

I have kept a record of all the cases of epilepsy which I have treated, and have carefully noted the cause of the disease (so far as it could be ascertained), with the treatment and its result both before and after the patient came to me. By this careful examination of each case, I have endeavored to arrive at some conclusions which might be of service in others.

There is one curious circumstance connected with the treatment of epilepsy. It is the effect of the *mind* on the disease. This effect is often so great as not to be mistaken or denied. If the patient *believes* that he is to be put upon a course of treatment, under which he will recover, his fits will diminish in number. I have witnessed this in many cases ; and I believe whatever the remedies prescribed may be, provided they are not absolutely injurious, if the patient thinks he shall be cured, his number of fits will diminish. I have seen this in so many cases, where ultimate recovery did not take place, that I cannot doubt the fact. Under a new remedy, or a new doctor, especially if he have a reputation for having cured the disease, the patient will improve. It is upon this principle that the *Romish priests* cure epilepsy. An Irish girl, once living in my family, said of an epileptic, “ why don’t he go to the priest ? ” Upon being asked if the priest could cure such persons, she answered, “ O law, yes, they always cure them.” It was the same principle which once gave such a reputation to the *mistletoe* for curing this disease, and to charms and spells, and to taking *powdered skulls*, and to an hundred other enchantments. The sick always love and seek *mystery*. All this shows how much the body is affected by the mind. Make one half the epileptics believe that they *cannot* have fits, how much soever they may try, and it will operate powerfully against their having them. Hence the philosophy of mind, as well as body, needs to be studied by the physician.

In all those cases where the fits continue (and they are numerous), after the original cause has been removed, or ceased to act, this powerful effect upon the mind is all that will be necessary to stop them. In cases where the following symptoms prevail, I look upon the patient





groans;" the organs are overwhelmed, and epilepsy ensues. Another over-stretches and over-tasks the intellect; becomes first nervous, then unable to command his mind, is then lost, and epilepsy follows. Another is half frightened out of his wits, and epilepsy is the consequence. Another has measles, smallpox or fever, and they leave him with epilepsy. These are not a tithe of the exciting causes of this disease.

But in every case of epilepsy, people seem to suppose that the physician, especially if he be at all skilled in treating this complaint, can prepare and send a medicine which will cure it, or, at least, do as much good as though he saw and examined the patient, and then prescribed for him.

To a gentleman who recently wrote me to send him medicine for his son, I returned an answer, that "I wished to see him before I prescribed for him: that as epilepsy arose from so many different causes, and put on so many different phases, it was necessary that I should examine into his case before I could prescribe for him *understandingly*." He returned an answer, that "he had supposed epilepsy was the same in all cases."

"Now, there is a truth in this—epilepsy is epilepsy. But the inference drawn from this fact, namely, that the same remedy will cure it in all cases, is an erroneous one. The cause must be removed, before the effect will cease.

But there are those in the community who will take advantage of such opinions, and throw into the market compounds, which they say will *cure fits*, and sell them at exorbitant prices, to be used promiscuously in all cases of epilepsy. All medicines of this kind, thus swallowed *at random*, without the advice of any attending physician, who has examined into the cause and nature of each case, are, nine times out of ten, injurious; and I would caution those who are anxious for their own health or that of their friends, to beware of all such pretenders. They may have a medicine which has succeeded in curing one case; but it may do serious injury in another, which has arisen from a different cause, and would, for that reason alone (not to name others), do more injury than good.

Among the *tonics* which I have used with the greatest success, have been the various ferruginous preparations, those of zinc, and the barks, with the *hydrastis Canadensis*. Among the *alteratives*, I have found the *sanguinaria Canadensis*, the *podophillum peltatum*, *leptandria Virginica*, *iris versicolor*, *stylingia sylvatica*, and, in some few cases, the iodide of potassium, the most efficient. Among the *sedatives* or *narcotics*, I have used the *stramonium*, *opium*, *scutalaria lateriflora*, *canabis Indicus*, *artemesia vulgaris*, *asclepias tuberosa*, *valeriana officinalis*, *cotyledon umbilicus* or wall pennyworth, and *digitalis*. If I have been compelled to



responsible for the ignorance of his doctor. This medicine is by no means a new one for epilepsy, though I am not aware that it was employed for this disease by any physician in this country, at the time I commenced its use. I have since, in consultation, advised its employment with other remedies, to many physicians. I have known it fail in some cases, and succeed in others. I do not consider it, by any means, a *specific* for epilepsy. Nor would I advise its use in all cases, whether the epilepsy be caused by self-abuse, by worms, by crude and indigestible food, or by some other excitement; and, where it proves useful, much is often depending upon its being properly combined with other remedies. The cases in which it will succeed alone, are, I apprehend, comparatively rare. The two remedies with which I have more commonly combined it, have been the sanguinaria as an *alterative*, and the stramonium as a *narcotic*. In this combination, I have found it operate more favorably than either of these medicines when used alone.

In each individual case of the disease, the exciting cause is to be carefully sought, and when found must be removed. Then, the debilitated state of the whole mass of blood is to be altered, or the blood invigorated; and, in accomplishing all this, the common sense and judgment of the physician are to be put in requisition, rather than the antiquated dogmas, either of "the books" or "schools." Any one who has read the history of medicine, and seen how often one theory has been prevalent, and then suddenly given place to another, and that to a third, and so on almost *ad infinitum*, must be convinced that but little confidence can be placed in this everlasting circle of conflicting opinions.

CHAPTER IX.

Cases, with Recovery.

CASE I.—Mr. ——— called on me Aug. 8th, 1849. Aged 24 years. Has had *fits* eleven years. Had *nervous spasms* previous to the fits for three years. He is a boot-maker by occupation—knows no cause for his convulsions. Sometimes has two or three *fits* in succession; frequently has *spasms* without loss of consciousness, and without convulsions. Has most of them in the latter part of the night. *Appetite voracious*. Bowels generally loose; usually has an operation from the bowels and a *fit* before breakfast. He is of a nervous temperament, and has the marks of a debilitated system and broken constitution. Was addicted to masturbation when a boy. Hands and feet cold, indicating







was allowed also to visit the pantry and partake freely of mince pie, cold pudding and squash (enough to make any well child sick), within twenty-four hours he had three epileptic convulsions. As no medicine could do any good with *such habits*, and as such habits could not be changed under *such parents*, all treatment was abandoned, and he soon died.

CASE X.—Miss ———, aged 17 years, came August 15, 1849. When six years old was struck with lightning, which injured one foot and destroyed one shoe. Has always been very *nervous*. Has now had convulsions about once in three weeks, for more than a year; is stupid in them usually from one to two hours. Has been under the care of an excellent and judicious physician, and under his advice has been kept from school for more than a year. She did not appear to be benefited by either *sanguinaria*, *cotyledon* or *stramonium*, which were tried for two months; but was entirely cured in six weeks, by an infusion of *digitalis*, ʒj. of the fresh dried leaves, to Oj. *aqua bull.*, of which she took ʒij. twice a-day, with gr. j. of valerianate of zinc in each dose. She has remained free from convulsions till the present (Sept 20th, 1854), a period of four years. Resides in Boston, and calls with her good mother about once in six months to tell me how well she is.

CASE XI.—Mr. ——— called December 15, 1849; aged 34 years. Has had epileptic fits fourteen years. Had been addicted to the *solitary vice* from childhood. Has convulsions once in three weeks; thinks they continue half an hour. When he has them often, they are less severe. His constitution is much shattered, and he is a mere wreck of a human body and would be, one would suppose, a sufficient warning to all who should see him, to beware of infringing nature's laws. Has some bronchial irritation; feet and hands cold; bowels sluggish. "Has taken a cart-load of physic," and is well *marked* with nitrate of silver. This case is bad enough, and it is difficult to decide whether the patient's present wretched state has been induced more by his vile habit, or by his *fourteen* years dosing and drugging. I think they have both contributed their full share to render his body what it is. He was too far gone to recover, but improved under *tonic* treatment so as not to have a convulsion oftener than once in three months.

CASE XII.—Mr. ——— came December 15th, 1849; aged 20 years. "Had the first spell when he was 13 years old; had *spasms* when 9 months old; is not regular in the spells, but has them once in two, three and four weeks; has them worse at the *new moon*." Whether this is really so, or only imagined, I am unable to decide. An eminent European physician, who had charge of a hospital for the insane, after many years came to the conclusion that his *insane* patients were "*more in-*



convulsion was in the year 1845 ; his second, two years afterwards. He has the *epileptic aura* in the left leg ; it begins in the foot and gradually ascends to the stomach, and when it arrives in the region of the heart, he sinks away and knows no more till he finds himself in the hands of his friends. His appetite is good. He is bilious, bowels costive ; does not sleep, but dreams. Has been married three years. Wife has had one child, stillborn. His fits latterly have been in the night, and they last ten minutes. Has had medical treatment in a hospital. His skin is discolored by taking *nitrate of silver*. He was much relieved, but not permanently cured by my treatment, which was a combination of sanguinaria, cotyledon and strychnia.

CASE XV.—Mr. ——— came Jan. 30, 1850 ; wheelwright ; aged 46 years. Had the first fit eight years ago—caused by *fright*. Had spasms two years before he had a fit. Had the first one in the night, and another in four weeks ; then went three months without another. Used to have the nose-bleed excessively some years before he had convulsions. Cut himself with a scythe and lost much blood, a short time before he had the first fit. Was often bled for his fits in the early treatment which he received. Has been under the care of a great many doctors ; does not know as he was ever benefited by any of them. His skin is tinged with *nitrate of silver*. This man was under my treatment one year ; at the end of which time he had no convulsion for three months. One year after, he wrote me, “ As to the spasms and fits, I hope I have got over them both ; I have had no fit for more than twelve months.” He took tincture of stramonium, tincture of sanguinaria, and the extract of cotyledon, in such doses as the stomach and nervous system would bear—occasionally changed for the ferruginous preparations, good living and plenty of old Scotch ale. I have no doubt his fits were caused by debility consequent upon great loss of blood.

CASE XVI.—Miss ——— was brought to me by her father, Feb. 5, 1850 ; aged 16 years. She is a beautiful and apparently amiable girl—lovely as an Houri, and formed in nature’s most perfect mould. Had one fit when 3 years old ; had another at the age of 7, and no more till she was 14. Has had turns of being faint for several years, about the time for the monthly period. Has a fit about once a month. Appetite voracious. She is very excitable, loves to go into company, feels ugly if her parents do not indulge her in this wish. Hands and feet cold. Has taken considerable medicine. One doctor prescribed the following, which she took without benefit, till he ordered it discontinued for fear it would *blacken* her skin—R. Nit. argent., ʒj. ; ext. hyosciamii, ʒij. M. Ft. pil. no. 60. Dose, one three times a-day.

When I informed her what I wished her to do, or rather, *not* to do, for it was principally to leave off what she was doing, she replied she was about as willing to have her fits. The prescription was that she must quit going into company, forbear everything that was exciting, bring herself within reasonable bounds of diet morning and noon, take no *suppers*, and retire early. After a few moments consideration she said she would *try*. I told her if she would try, I would, and I doubted not but she would recover. She resided in a neighboring State. Her father wrote me occasionally, and I sent her medicine as it was required. She had no more convulsions for four months. At the expiration of that time, her father wrote that she had had another *ill-turn*, and that it occurred on this wise. She had been assisting her mother (in the absence of their girl) about washing—had become much fatigued, and then partaken of a hearty dinner of *baked beans* and *cold pork*. This was so contrary to my directions, that I felt it my duty not only to administer medicine, but also a sharp rebuke. From that time to the present, a period of four years, she has never had a convulsion, has enjoyed good health, and is married and prosperous.

CASE XVII.—Miss ———, aged 17 years. The first attack was caused by fright, two years since. Her “spells” come on by her being unable to control her hands, and especially her feet, which fly like drum-sticks. During the few minutes which these motions continue, she remains conscious; she is then lost, and goes into convulsions. Has one of these attacks as often as once in three months. They commence by her feeling frightened, and the hands beginning to *jerk* slightly. Has been prescribed for by several physicians. She came under my care April 23d, 1850, and remained in Boston six months, during which time she never had an attack. Two years after, she became suddenly frightened, and had another “spell.” Since then, she has remained well; and her mother wrote me recently that she considered her “cured.”

CASE XVIII.—Miss ———, aged 18 years, came to Boston Jan. 28th, 1851. Subject to epileptic fits once in two weeks. During the first four weeks she had a convulsion every week, which was twice as often as she had been accustomed to have them. She then had no more for three months. She had prepared to return to her home, well, and in good spirits. I saw her the evening previous to her expected departure, and observing that she was much elated, cautioned her to be calm, and not to become excited the next morning. Notwithstanding this admonition, she slept but little, rose at 4 in the morning, and before 7, the hour for breakfast, had a fit. She then remained three months longer under treatment, and had no more during that time. When she had been free









little boy ; as he feels satisfied it has been beneficial in his case, and he is desirous of trying it in a case which he has."

A gentleman, who had charge of an institution for paupers, requested me to prescribe for one of them, who had epileptic fits once a fortnight. I did so, and ten months after I commenced the treatment, he wrote me as follows—"The patient has had no fits since I wrote you last [it was four months]. I know of no cause for this favorable change, except your treatment of him. I hardly know which to give the most credit to, your medicine, or to making him leave off smoking and come within reasonable bounds of diet ; but at any rate, the credit belongs to you."

This list of references might be extended to at least fifty, who have thus been relieved of this terrible malady. The letters referred to will be shown to any who desire to see them, and the references to the persons given.

It is always desirable to see and examine the patient, and, in some cases, it is necessary for them to stop in the city a number of weeks. Of any physician who may send patients to him, he would request that the treatment which they have had should be fully stated, and all the circumstances of the commencement of the convulsions.

The Doctor treats the whole train of *nervous* diseases, not upon the *depleting*, but upon the *nutritive* and *restoring* plan. These diseases, it is well known, are among the most distressing, annoying and dangerous to which the human body is liable, and the physiological and pathological study of them and their treatment he has been carefully investigating for many years.

From William M. Patterson, of McCollensburg, Penn., to whom I sent medicine for a young lady afflicted with epilepsy, some three months since, under date of Nov. 14th, 1854, I received the following:—"She is decidedly better, so far as we can judge. She has not had a bad spell since she commenced taking your medicine, and I am now in strong hopes she will be entirely relieved."

From a very excellent lady in the city of New York, whose husband is an old gentleman nearly seventy, and who has had epileptic attacks for nearly thirty years, under date of Nov. 22d, 1854, I have the following:—"I cannot let my husband be without your medicine. I think him, so far, very much benefited by it. I feel very much encouraged."

Another gentleman, who has been under my care for more than a year, writes me, under date of Nov. 25th, 1854—"The last fit I had was the 25th of September, two months to-day. Would you advise me to marry?" When I commenced treating this case, he had an attack as often as once in two weeks. As he has long been engaged to an estimable young lady, it is not singular that he should feel anxious upon the subject of marriage.

I could fill a volume with similar quotations, and could give some ludicrous remarks of some of them, as it respects their former doctors.

I have thought it advisable to insert the following questions, to be answered numerically by those at a distance, who may wish to consult me respecting themselves or their friends.

1. What is the age of the patient? Male, or female?
2. What the occupation?
3. How long subject to epilepsy?
4. What the state of health for some time previous to the first epileptic attack?





