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# CASE OF EPILEPSY CURED BY ANTIPYRINE.

BY McCall Anderson, M.D., PROFESSOR OF CLINICAL MEDICINE, GLASGOW UNIVERSITY.

Reported by WILLIAM R. JACK, M.B., C.M.,

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J. M., aged nine years, was admitted to Ward 2 of the Western Infirmary on December 12th, 1889, suffering from "fits" of two and a

half years' duration.

His father stated that he had previously been perfectly healthy. In both father and grandfather there was a history of so-called "hysterical fits," in the father between the ages of two and four, and in the grandfather between those of forty-five and fifty-seven. An aunt had a "stroke" twenty years ago, from which she recovered, and is still alive.

Six weeks before the first fit, the boy had a fall, bruising his head just above the right ear, but there was apparently no injury to the bone. He recovered from this in about three days, and remained well until the first fit occurred, for which the parents can think of no other cause but the fall. At the beginning of the illness he had only about four to six fits daily, but they gradually increased in number until he had as many as thirty or forty. At the same time he complained of gradually increasing weakness in his right arm, but this after a time disappeared, while the left became similarly affected. Three months afterward the fits entirely ceased, after the application of blisters to the head. interval of fifteen months ensued, during which there were no fits, and throughout this time the general health remained perfectly good. About seven months before admission, with no apparent cause, they began again, at first only one occurring in twenty-four hours, but gradually they increased until they amounted to forty or fifty, the largest number in one day having been fifty-seven. There was no improvement until a few days before admission, during which time he had had only twelve daily. The fits occur in sleep as well as while he is awake. They are sometimes preceded by pain in the left elbow, sometimes by headache, now frontal, and now situated on the side of the head, over the right The headache sometimes only occurs immediately before the fits, and is sometimes of longer duration. Occasionally three or more fits occur together with very little interval, but there appears to be no status epilepticus. Drowsiness, lasting for a few minutes only, often succeeds the convulsion. The right side was at first the more severely affected, but now is considerably less so than the left. The patient is perfectly intelligent.

Numerous fits were seen, both by the house physician and by the

nurses, and all presented similar characters, their duration being from one and a half to two minutes. In all, with the commencement of the tonic spasm the arms were thrown over to the right side, and either both rigidly extended or the right flexed at the elbow and the left extended. The thumbs were bent into the palms. At the same time the head was violently twisted to the right, so as to look over the shoulder, and the eyes were rolled upward and to the right. Clonic convulsions followed, especially violent upon the left side, except in the face, where they occurred upon the right, and involved chiefly the zygomatici and the lower half of the orbicularis palpebrarum. The mouth was kept half open, and there was no foaming. The tongue was not bitten. Nearly all the fits were preceded by the epileptic cry. As consciousness was recovered, the patient sometimes burst into tears. There was occasionally incontinence of urine during the fits.

On examination, all the organs were found normal. The gait was awkward and unsteady; shortly after a fit there was slight exaggeration of the left patellar tendon reflex, and an approach to ankle clonus on the right side. There was a continuous dilatation of both pupils, which responded normally to light. Examined again on December 22d, one and a half hours after a fit: there seemed to be slight paresis of both upper and lower limbs, the left side being apparently a little weaker than the right. The dynamometer in the left hand registered 32, in the

right 30.

The treatment, which was commenced on December 20th, consisted of rest in bed, careful regulation of the bowels, and the exhibition of antipyrine, commencing with gr. v thrice daily, and increasing by gr. j in every dose each day. On January 9, 1890, gr. xxv thrice daily were reached, and this dose was continued till January 16th, when it was diminished to gr. xx thrice daily. From the date of entrance till December 26th the average number of fits daily was 16.5; from then till December 30th, 13.2. On December 31st and January 1st there were eleven fits; on January 2d and 3d, ten fits; and on January 4th, three fits. The fits then ceased till January 28th, when the dose of antipyrine had been lowered for twelve days. There was then one slight fit, and the dose was again increased to gr. xxv thrice daily. From that time there were no more fits, and the patient was dismissed on March 1st, quite well. He continued the antipyrine at home, and a letter from his father, dated March 12th, stated that there had, up till then, been no recurrence.

This was a most aggravated case, and the result was striking and remarkable. That the cessation of the fits was directly due to the drug is shown by the fact that they were arrested when the dose of antipyrine reached twenty-five grains, reappeared when it was reduced to twenty grains, and finally ceased when twenty-five grains were again administered. For a boy aged nine years the dose was a large one; but, as regards dosage, it should never be forgotten that each case must be treated on its own merits, and that we must not be tied down to regulation doses. The rule which I invariably follow in such cases is to begin with a small dose and slowly increase, either until the medicine begins to disagree, or until the symptoms begin to yield, the patient being,

however, carefully watched during the whole of the treatment. It is also of the utmost importance in cases of epilepsy to continue the treatment for a long time after all trace of fits has disappeared.

I was led to employ antipyrine from the conviction that epilepsy is a pure neurosis, from a knowledge of the powerfully calmative influence of antipyrine upon the nervous system, and from the observation of its wonderful effects in many cases of chorea, another form of neurotic affection.

