

## **Epilepsy and its cure / by George Beaman.**

### **Contributors**

Beaman, George.

### **Publication/Creation**

London : Henry Renshaw, 1867.

### **Persistent URL**

<https://wellcomecollection.org/works/kuc4nwgf>

### **License and attribution**

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>



EPILEPSY  
AND ITS  
CURE.  
BY  
GEORGE BEAMAN, M.D.

2/6.

WL385  
1867  
B36e





22101449214





Digitized by the Internet Archive  
in 2015

<https://archive.org/details/b21496614>

*Francis M.D. 1867*  
*with the Author's kind regards*

78410

# EPILEPSY

AND ITS

# CURE.

BY

GEORGE BEAMAN, M.D.

FELLOW OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND,

AND

FELLOW OF THE ROYAL MEDICAL AND CHIRURGICAL  
SOCIETY OF LONDON.

"RES NON VERBA."

LONDON:

HENRY RENSHAW, 356 STRAND.

1867.



WELLCOME INSTITUTE LIBRARY	
Coll.	welMOMec
Call	
No.	WL385
	1867
	B36e



## PREFACE.

---

THE object of this treatise is to place before the Medical Profession a mode of curing EPILEPSY, which has been found by the author absolutely specific.

The treatment is applicable to both sexes, and all ages; is speedy in its action and free from any objection or injurious tendency; moreover it will improve the general health by giving tone and power to the nervous and muscular systems.

The author states his views, after long and continuous observation, believing they will be found correct; he expects however that some of his doctrines will be assailed, but having been for fifty years a very humble disciple of HIPPOCRATES and GALEN, he relies upon the assertion, that "Magna est Veritas, et prevalebit."

3, HENRIETTA STREET, COVENT GARDEN, LONDON,  
*September, 1867.*





## EPILEPSY.

---

EPILEPSY is the name given to Convulsions, attended by insensibility and involuntary muscular contractions. It is productive of great distress and misery, and is liable to terminate in worse than death.

The BRAIN is the seat of EPILEPSY, but it is a fact, that on dissection, no pathological changes have been discovered after death, in the brains of many, who, during a long period of their existence, have been notoriously subject to severe epileptic seizures.

The phenomena of the disease are too well known to require elucidation, still, we do not meet with two cases exactly alike, or requiring the same method of treatment for their cure.

EPILEPSY is a most distressing disease to witness, and the struggles of the sufferer during a paroxysm, occasionally dislocate the joints, and not infrequently have an effect upon the joints and muscles, similar to severe sprains of such parts of the body.

EPILEPSY occurs at all ages, and the fits take place generally at uncertain intervals ; in the majority of instances, in the early progress of the disease, we find the attacks occur more frequently during the night than during the day. Sleep, and the recumbent posture have an evident predisposing tendency. The attacks too vary much in their intensity.

We find many persons have some short warning prior to the seizure ; for instance, an Epileptic subject will exclaim, "I dont feel well," "Going to be ill," "An attack," &c., before insensibility takes place.

In other cases there will be sleeplessness, great watchfulness, lowness of spirits, and other uncomfortable feelings for twenty-four



hours or more prior to the fit, coupled with a consciousness, that an attack, or tendency thereto, is impending.

In very mild cases the attack may last but for a few seconds, or at most a minute, and the patient being aware of its approach, scarcely loses consciousness ; we rarely meet however with such mild seizures, excepting in recent cases ; nevertheless the primary attacks in childhood or youth, unless produced by direct injury to the skull, generally commence in this manner.

When Epilepsy is the result of direct injury to the cranium, surgical treatment is demanded, and the fits are by no means so amenable to medical treatment.

The earlier in life that Epilepsy commences the more frequent are the attacks, and the greater the risk of mental imbecility ensuing ; and in early life we see the attacks return after a comparatively short interval, more frequently than after a long one ; thus eighty-three per

cent. have attacks under the month, while there are but seventeen per cent. over.

The number of fits greatly vary, some sufferers having but one every two, three, or four months, while others have as many as eighteen hundred per annum, without causing softening or other incurable disease of the brain; and eleven hundred attacks per annum have been known to go on for sixteen, seventeen, or eighteen years, without destroying and even without materially affecting the intellect. The memory however is almost invariably impaired. I will just remark that a patient may die during the first paroxysm, or he may recover and never experience another, but these instances are extremely rare.

I have observed that the Fits of Epilepsy recur at uncertain periods, many attacks taking place every week, and often several, amounting to as many as twenty, during twenty-four hours.

Females numerically suffer more than males,



and their natural greater delicacy of habit, particularly among the higher circles, demands especial consideration in the administration of remedies.

I have remarked, in the commencement of the disease, that attacks happen much more frequently during the night than in the day, and during the progress of cure, which may be unquestionably often effected in apparently the *worst* cases, we find the fits cease during the day, but take place during the night, and especially in the early part of the night.

All memory and sensibility are suspended during a fit, and we frequently meet with patients whose recollection is quite lost, as to their having even experienced an attack.

There are many other nervous affections, allied to Epilepsy and often curable, attended by one or more of the following symptoms, without an actual fit occurring ; viz. a gaping inactive pupil, very defective memory, unsteadiness of gait, nightly dreams, generally of



a distressing character, a tendency to stertor while sleeping, variable appetite, frequent nervous headaches, occasional giddiness, silliness, hesitation in speech (I do not mean stammering), great forgetfulness of words, occasional and partial paralysis of the face and tongue, cramps, constant twitchings of the voluntary muscles, great fidgettiness, undue secretion of frothy saliva having a nauseous and peculiar taste, constant feelings of languor and debility, tremulous hands, and even Idiotcy,--all of which distressing symptoms yield as certainly as Epilepsy does to judicious treatment. Chorea (St. Vitus's Dance) is allied to Epilepsy, and even in its worst forms curable by the same means. I may just state, that lowness of spirits is decidedly more common in males than in females, but irritability and excitability are alike common in both sexes.

The true character and nature of Epilepsy is but imperfectly understood by the Medical Profession, and little has been effected hitherto

in its treatment, although Physicians of great ability have directed their special attention to this *supposed* intractable malady.

It is surprising for how long a period, indeed for many years, persons may be sufferers from Epilepsy, without their reasoning faculties being destroyed; but almost without exception the disease greatly impairs the memory, causes debility of the body, irritability of temper and an indescribable feeling of fear and general uneasiness. In about an eighth or a tenth of the cases Idiocy supervenes, especially where the fits are numerous and acute during childhood, for it is unquestionable that such change in the functions of the brain is much more common when the attacks are severe and frequent, than under other circumstances, and although I believe the Epileptic seizures themselves may be in almost every instance removed, still the brain in Idiocy will but rarely regain its pristine energy; however, it is of the utmost importance to get rid of the fits, as affording



the only chance of a partial, it may be a useful recovery of the mental functions.

I do not class the convulsions of children under two years of age (often the result of teething) as pure Epilepsy; in fact, such attacks require materially different treatment.

That premonitory symptoms, in some instances, occur prior to an attack is certain, perhaps in about a third of the persons afflicted, and they often last long enough to afford an opportunity of averting personal danger; thus a sportsman will have time to drop his gun, or an angler his fishing rod, and remove some few yards, before insensibility takes place. Vomiting frequently occurs on the approach of a fit, and a sensation of fulness in the throat is a common premonitory symptom.

What is styled the Epileptic Aura, which has been observed from the time of GALEN, occasionally precedes the fit; it is a pain, slight spasm, or creeping arising in some spot of the trunk or limbs, that runs upwards towards the



throat or head, being then followed by giddiness and partial blindness, which are the momentary precursors of an attack. The Epileptic Aura now and then, although rarely, takes place without a fit ensuing.

An ordinary consequence of Epilepsy is the deep sleep that follows, attended for the first minute or two by stertorous breathing. Imbecility and insanity are occasional consequences of Epilepsy, and met with much more frequently when the fits are numerous, than when more violent, but less frequent.

Having now concisely stated the general character of EPILEPSY, I will venture to enumerate the CAUSES, LEADING SYMPTOMS and TREATMENT of this frightful disease.

## THE CAUSES OF EPILEPSY.

EPILEPSY may be hereditary or may be acquired, and if we carefully examine the cranium, we shall now and then find an unnatural formation of the skull.

I will divide the causes of EPILEPSY into the predisposing and exciting.

The predisposing causes may be an hereditary tendency, not however very common ; still I have known three adults, of the same parentage, two brothers and a sister, fall victims to this disease.

A scrofulous habit of body is undoubtedly a predisposing cause ; striking children on the nape of the neck with the hand or a cane creates a tendency, which may be months or years in developing itself.

Direct falls or blows upon the head, especially upon the posterior part of the cranium, predispose to attacks, and these cases are by far the most difficult of cure.



Worms are occasional causes, particularly the tape-worm; and numerous instances are recorded, where expulsion of those parasites has been followed by a permanent cure—always therefore inquire as to their existence.

A “coup de soleil,” or “sun stroke,”—fright, —long continued distressing mental emotions,—and certain wretched and degrading habits, I may also mention, as calculated to cause the disease.

The above are among the chief predisposing, but we must admit, that it is frequently impossible to discover any cause calculated to lay the foundation of the attacks.

The immediate cause of the Epileptic seizures, I believe to be better understood, and, after mature consideration, I beg to state that I consider pressure upon the Brain, from dilatation of the Internal Carotid and Vertebral Vessels, which supply that important Organ with blood, as the immediate exciting cause of a fit. The dilatation of the pupils, the turning



up or staring protrusion of the eyeballs, lead to no other conclusion, than that pressure exists, to a considerable extent, while the paroxysm lasts.

The BRAIN is soft, almost pultaceous, while the bones of the cranium are unyielding, and where the tendency to EPILEPSY exists, an increased temporary pressure from over distension of the above named blood-vessels may certainly cause a seizure ; hence remedies that will prevent such dilatation offer the true method of prevention and cure.

It is a fact, that all the arteries supplying the Brain with blood, pass through bony channels and take a tortuous course, ramifying over the surface, before dipping into the substance of that vital Organ, where they become so fine, that their coats are undistinguishable through very powerful lenses ; the foramina too, through which the exit of the venous blood takes place from the Brain, are larger than those which admit the entrance of the arterial ; nature

therefore makes a wonderful provision to prevent sudden pressure; still such pressure, caused by the irritating poison of Epilepsy, does occur in certain persons, whereby this beautiful provision of nature cannot work harmoniously, thus causing the dire convulsions.

This pressure may not be sufficient to produce Apoplexy or Paralysis, yet it will create violent convulsive agitations, and insensibility, until the "*Vis Medicatrix Naturæ*" overrules the cause, and temporary relief for an indefinite period is effected.

#### SYMPTOMS OF EPILEPSY.

A few lines will suffice to detail the symptoms of EPILEPSY, for they are too well known to every observant medical practitioner.

A person in apparent health shall suddenly utter a guttural cry, and fall instantly to the ground, losing all sensibility. He is convulsed,



the whole muscular system generally spasmodically agitated, his body strained, and his respiration for some seconds frequently suspended. One side of the body is generally more convulsed than the other. The eyes are sometimes open, with staring, immensely dilated pupils, at other times drawn directly upwards or towards the inner canthi, the conjunctiva suffused with blood; the veins of the neck and throat become over distended; the nails, tips of the fingers, and lips are livid, and the face becomes dusky. The tongue is often thrust between the teeth, and seriously bitten, bloody froth flowing from the mouth; the hands are firmly clenched, and, in young people especially, the thumbs are bent in upon the palms of the hands.

Headache may be a precursor, and sometimes follow an attack, but it is not a constant symptom. The Epileptic cry too is not always present.

During a paroxysm the lower jaw may be



dislocated, and some of the teeth broken by the violence of the spasm. The fæces and urine are occasionally expelled during the fit.

The paroxysm, which may last from two to five minutes, rarely more in the majority of instances, terminates in complete stupor and stertorous breathing for a short time, then deep sleep of uncertain duration ensues. Some persons on the approach of an attack see spectra of different characters, which are important warnings.

You may meet with mild cases in which there is no convulsion, yet the patient momentarily loses consciousness, and has a staring vacant look, and these slight attacks gradually, during the course of weeks, months, or years, merge into the more severe forms.

### THE TREATMENT OF EPILEPSY.

Numerous indeed are the remedies and means that have been employed for the cure

of EPILEPSY, and I quote from a learned writer on this malady, the following sentence.  
 “There is not a substance in the Materia  
 “Medica, nay, scarcely a substance in the  
 “world, capable of passing through the human  
 “gullet, that has not at one time or other enjoyed the reputation of being an anti-  
 “Epileptic.”

Now I am most decidedly of opinion, and the record of my own experience amply confirms my views, that judicious treatment, varied according to circumstances, will almost always cure the disease, excepting where softening of the BRAIN has taken place.

There are some general rules of treatment applicable to every case, and to every form of this disease.

Our main indication of cure is by proper treatment to allay nervous sensibility, irritability, and excitability, by means that do not produce debility of the body, or enfeeble the general powers of the system. Taking this



view, I eschew losses of blood in any form, blisters, setons, and drastic purgative medicines, &c. Mental excitement should be prevented as much as possible. Visiting often or seeing much company is objectionable, and over-fatigue is calculated to be prejudicial. Regularity of meals must be observed; early dinners and early hours are necessary.

The constitutional power and vigour must be sustained by a generous diet and a moderate use of wine. Malt beverages may be moderately partaken of, but the ordinarily styled spirituous liquors I do not recommend, either diluted or undiluted.

In regard to regimen and diet, a patient may take, with very few exceptions, any food that is known to agree—fish, most animal meats, game, or fowl, cooked vegetables of every description, and ripe fruits. The exceptions are veal, pork, salmon, lobsters, pickles and pastry, which, if it all, should be sparingly partaken of.

The dress should be light and warm, paying



particular attention to the temperature of the hands and feet.

Flannel should be worn next the skin, for which, silk, fine merino, or cotton may be substituted in hot weather ; but here the feelings and comfort of the patient may be generally studied.

Exposure to the vivid heat of the sun is very objectionable.

Exercise in moderation, or to an extent that may be found to agree with the constitution and appetite is advisable.

A sponging or shower bath, tepid or cold, in the morning, with the gentle use of the flesh brush twice daily will benefit most constitutions.

Ligatures round any part of the body are objectionable, and even buttons or fastenings of any description round the neck should be discontinued.

When a night cap has been habitually worn (I deprecate night caps altogether) there must

not be any strings to fasten it under the chin. This may appear a trifling objection, nevertheless every slight direction is really important in the treatment of this malady.

I endeavour always to place the constitution in the most favourable and healthy condition, prior to commencing my specific combination of remedies, by quinine, iron, or other tonics, their character being influenced by the peculiarities of each case.

BROMINE, which was first discovered in the year 1826, by M. BALARD of Montpellier, forms the base of the invaluable medicine, which, properly combined with appropriate sedatives, has a more marked and constant effect in producing a *rapid* amendment, and eventually a CURE of EPILEPSY, than any other remedy.

It may be given with potassium, sodium, or iron, forming compounds much alike in their action upon the nervous system. Bromine with iodide of iron is a good form to administer, when there is chlorosis and anæmic symptoms.



In ordinary cases I give the pure bromide of potassium, (and it is most important to ascertain that it be *perfectly pure*,) with lactucarium or lupuline; sometimes the three combined, but the dose of the bromide is so dependent upon the peculiarities of habit and constitution, that I must leave its administration to the judgment of the practitioner, just observing that in doses of less than ten grains a permanently favourable result must not be expected.

Collateral treatment is called for, but the judgment of the medical practitioner will be required on this point.

I have tried and found iodide of potassium, sulphate of zinc, nitrate of silver, arsenic, Donovan's solution, strychnia, belladonna, aconite, &c. of comparatively little value; and here let me state that I *now* never give POISONOUS medicines.

Bark and quinine are sometimes serviceable to the extent of supporting the general health.



A quarter of a grain of podophylline, with three or four grains of pilula rhæi composita, is the only aperient I administer.

The treatment must, however, be modified, as I have before observed, by the state of constitution and symptoms attendant upon each particular case.

A patient, while under treatment, should be seen and the state of the pupil watched and carefully noted twice, or still better, three times a week ; and I do not hold myself responsible for the beneficial effect of any treatment, unless I can see the patient and enquire into his condition at least once in seven days, for experience has taught me that a change in the sedative may be often required.

The brief result of a few cases, which I have given in an Appendix, clearly shows how rapidly (often in four or five days) the treatment creates a marked improvement, and this it will do in the majority of instances ; nevertheless, four or five months will occasionally

elapse before a *permanent* satisfactory change declares itself, although the salutary operation of the remedies may be beneficially progressing.

When we consider what alarming and frightful characters EPILEPSY frequently assumes, and the results to which it leads, we cannot be too thankful to PROVIDENCE for placing in human hands the power, in an immense majority of cases, of curing this distressing complaint.



## APPENDIX.

The following is a concise abstract of absolute results in a few Epileptic cases, which have been recently placed under my care.

CASE 1.—A. B. æt. 24, has suffered from EPILEPSY for NINETEEN YEARS, averaging for the last fifteen years, six attacks per week. Treatment was commenced on the 25th of May, 1866, and he had fifteen fits between that date and the 19th of October, in the same year; since which time to the present (August 31, 1867), 45 weeks, he has been quite free from any seizure; he now enjoys excellent health, his memory being restored and his faculties perfect.

CASE 2.—C. D. æt. 28, has been a sufferer from Epilepsy for SEVENTEEN YEARS, and during

the three weeks, prior to this lady becoming my patient, she experienced no less than twenty-two attacks. I first saw her on Tuesday the 9th of April, and she had a fit while I was talking to her. She commenced taking the medicine on the following day (Wednesday), and on that day had two attacks; she had another fit on Thursday, and one between 6 and 7 o'clock on Sunday morning, the 14th of April, while in bed. She has not experienced one single repetition to this date (Aug. 31st, 1867), a period exceeding nineteen weeks. Her memory is improved, she takes delight in music, and her constitutional progress is quite satisfactory.

CASE 3.—E. F. æt. 33, has suffered from Epileptic Fits from his infancy, and they have been frequent for the last THIRTY YEARS. He is a gentleman of education and a lover of the Fine Arts. His parents had consulted many physicians without their son deriving any be-



nefit. I first saw him on the 21st of June, and on the day following, treatment commenced; he had a fit on the 25th of June, since which date to the present time (August 31st, 1867), a period exceeding nine weeks, he has not experienced the slightest relapse; his general health is excellent.

This patient has sometimes experienced twenty-four attacks in as many hours, and his average seizures, prior to his consulting me, had been four or five every week.

CASE 4.—G. H. æt. 23. This patient, a young lady, residing a few miles from London, was placed under my care on the 6th of June. She has been a martyr to the disease since 1854, the attacks occurring several times weekly. She commenced treatment on the 7th of June, and had one seizure on the 8th, since that date, to the present time, August 31st, 1867, she has not experienced another. Her general health is decidedly improved, and the late hot

weather has not operated, in any respect, prejudicially.

CASE 5.—I. J. æt. 16. This patient was brought to me on the 9th of August, having suffered from frequent Epileptic seizures since Christmas, 1863. A vast majority of her attacks, say nine-tenths, having occurred during the early part of the night, after retiring to bed. Her treatment commenced on the 9th of August, she had a seizure on the 11th, but was progressing most favourably when I saw her on the 14th. On the 15th she fell down stairs and struck violently the left side of the cranium, producing concussion of the brain, succeeded by vomiting, and she was in a stupor for eight-and-forty hours, but no fit; and, with the exception of great heaviness, appeared tolerably well on the 21st, when I again carefully examined her. The pupils were gaping, and I was apprehensive of an attack. On the 22nd she had two Epileptic seizures, not severe, and



on the 26th of August three more. On the 29th she again consulted me; her pulse was very weak, and she appeared extremely feeble, I therefore ordered her to take gr. vj Ferri Citratis cum Quinâ ter die, in addition to the Bromine.

This case I shall anxiously watch, but I feel satisfied she has not yet recovered from the consequences of the injury; nevertheless, I confidently predict a permanent cure.

CASE 6.—The last case I will recite is a very important one; K. L. æt. 19. He has suffered from Epilepsy for 17 or 18 years, and has had several attacks weekly, for this long period. His habit of body is very sad and his intellectual faculties quite lost. He was placed under my care on the 9th of August, and up to this date, August 31st, 1867, has not suffered one single attack. He appears brighter, is less restless, and his general health is tolerable.

I might enumerate other recent instances, with results equally successful, but I trust what I have already stated will amply justify my treatment of this distressing disease, in the minds of my professional brethren.

FINIS.















