

## **Case of catalepsy : with remarks / by James Stark.**

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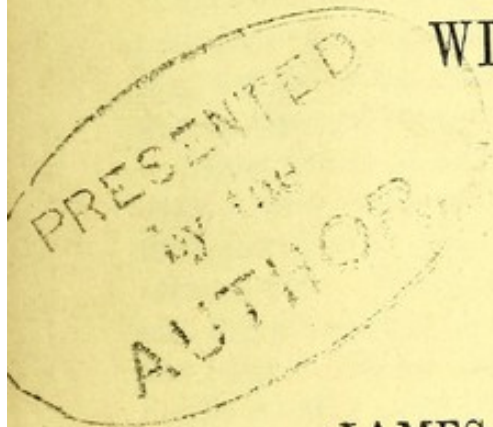
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CASE

OF

CATALEPSY,

WITH REMARKS.



BY

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MDCCCL.





## CASE OF CATALEPSY.

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CATALEPSY being one of those very rare diseases which few practitioners have seen, and still fewer had an opportunity of treating, the following case, which came under my care in 1836, may not be deemed unworthy of notice.

Mary Smith, a delicate and interesting looking child, with blue eyes, a pale complexion, fair hair, and of a scrofulous family, had, from her fourth year of life, been observed to take what were termed fits. When about nine years of age (being an orphan), she was taken into the house of a shoemaker to assist in keeping the baby. On the 3d of August 1836, when amusing the baby at the window, and leaning over it, one of these fits came on her, when she fell into the stable lane, into which the window looked, from a height of two floors, and lighted on a dung heap. Her fall was broken by one of these poles with ropes for drying clothes, which stretched out from the window of the floor below that from which she fell, so that, with the exception of a few slight bruises, she sustained no material injury. It was on this occasion I first saw her, shortly after she had been carried up to her bed. She was still in what her neighbours called the fit, which I instantly recognised to be that described as true catalepsy.

The face was calm and placid, and little altered in colour from what a delicate child would exhibit,—perhaps, if anything, somewhat paler. The eyes were open and fixed, the pupil dilated, but not unnaturally so; and with great sluggishness very slightly contracted on the application to the eye of the light from a candle. The whole limbs and body were rigid; but it was not the rigidity of convulsions or spasm, or cramp, but a nearer approach to that which follows death. In carrying her up from the stable lane, her limbs had been bent in various positions, and, as she lay in bed, both arms and one of the lower extremities did not rest on the bed or receive any support, yet continued motionless, as if at perfect rest. The fingers were not clenched, but in an easy position of half flexion; and when straightened, and held for a moment in the straight position, they remained so. The limbs were with



some difficulty bent, but when made to assume any new position, there they remained, stiff and motionless.

The breathing was almost completely arrested, so much so, that it was some little time before I could convince myself the breathing was not altogether stopped. It seemed to be carried on entirely by the diaphragm. The halitus of the breath stained a looking-glass slightly, but the respiration was so gentle and slow, that it required the greatest stillness in the apartment, and an acute ear, to detect the faintest respiratory murmur, by means of the stethoscope. The pulse at the wrist I could not at first detect; even in the larger arteries it was exceedingly feeble. The stethoscope, however, made evident that the heart was beating regularly, but feebly, at the rate of seventy beats per minute. The heat over the body was, if anything, rather lower than natural, and the skin soft.

When examining her, the fit went off, and she returned to consciousness as quietly as if waking out of a gentle sleep. There was no approach whatever to any convulsive motion, nor any hysterical sighing or sobbing. The pulse and respiration rose together till they became natural. There was no flushing of the face—no headach—no uneasiness complained of in any part of the body. But the fit once off, she felt as well as she ever did.

On inquiring into the history of the case, it was ascertained that she had been subject to these fits since about the age of four years, but they came on without apparent cause. At first the fits were only excited on her being irritated or frightened, but latterly they had so increased in frequency, that a day seldom passed without her having two or three. Her appetite was said to be irregular, but generally bad, and her digestive powers feeble. The bowels were said to be irregular, sometimes costive, at other times loose.

Wishing to see the phenomena attending this very rare and singular disease, I called several times daily on this case, in order that I might observe the accessions of the fits as well as their course, duration, and cessation; and I delayed commencing any plan of treatment until I had satisfied myself as to the probable seat or cause of the affection.

The result of my observations was that the cataleptic fit came on without being preceded by any sensible premonitory symptom. There was no previous flushing of the face, no *tinnitus aurium*, no creeping sensation in limbs, no sensation of fulness in the head; but, in the midst of her play or work, she quite suddenly became rigid, and frequently so instantaneously, that she had no time to sit down, or lay out of her hand anything she held there. The peculiarity of the fit, as distinguishing it at once from all others, was, that she did not fall down while in the fit, but if seized standing, she remained there fixed and steady, like a statue, and



did not lose her balance. If seated, she became fixed there. But in both cases, if thrown off the balance, not the faintest attempt at an effort to save herself was made, and, if laid down, she maintained, till the fit was over, the very posture she had been in when seized. When the fit was off, the child was tolerably lively, was quite intelligent, possessed all her senses in perfection, and, in fact, was like other children, only less disposed for play. She was easily fatigued, evidently suffered from imperfect digestion, had a slightly-furred tongue, with a pale, soft, or glutinous and glassy appearance, indented slightly on the edges by the pressure against the teeth; and the dejections were frequently clay coloured. The abdomen was fuller than natural, and gave a doughy kind of sensation to the hand when pressed on it. No enlargement of the liver or spleen could be detected. The urinary discharge appeared natural, though, occasionally, it exhibited a tendency to throw down phosphatic deposits; at other times, on standing, an oily looking scum formed on its surface.

After a fortnight's observation of the disease, I began to administer medicines for its removal. As almost all the recorded cases of this very rare affection appeared to me to be but varied forms of hysteria (*cataleptic hysteria*), which, indeed, in many, if not most cases, passed into or alternated with true hysterical paroxysms, it was quite apparent that I had to deal with a very different affection, and one which required different treatment. Hysteria and cataleptic hysteria never make their appearance till about the age of 17 or 18 years,—till the menstrual period of life. This child had been subject to this affection from the fourth year of life, and was at this period only about  $9\frac{1}{2}$  years of age. She had not, therefore, arrived at that age at which hysterical symptoms have ever been observed, nor did she, during the presence of, or when recovering from a fit, present any tendency to paroxysms resembling hysteria. In fact, the case, in its mode of attack, in its attendant symptoms, and in the age of the patient, seemed to be more allied to *chorea*, though all the diagnostic marks of that disease were absent.

As there appeared to be no determination of blood to the brain, no symptom which could be construed into an indication of any inflammatory or congestive state of the brain or membranes, it seemed unnecessary to make applications to the head, either in the shape of leeches, blister, cold or evaporating lotions. But, as the whole physical symptoms present indicated a deranged state of the digestive organs, such as I had often seen in *chorea*, it was resolved to follow such a course of treatment as should, if possible, restore these to a healthy condition, before any specific or other remedy should be given, with the view of acting specifically or otherwise on the nervous system.



The powder of chalk with mercury, in combination with rhubarb and magnesia, was, therefore, given in small quantities every night, and the bowels freely acted on every other day by means of jalap powder or senna infusion. The food was restricted to well boiled porridge, morning and evening, with sweet milk, and, for dinner, a small piece of fish or soft boiled meat. Broth, potatoes, and vegetables were strictly forbidden.

At the end of a fortnight, it was noted that she had passed two whole days without a fit, instead of having at least two daily. Her appetite had improved. The abdomen was not so protuberant, and the feculent discharges were more uniformly tinged with bile. She appeared more lively and active, and had scarcely such a pale look as before.

The same general plan of treatment was followed for several months, small doses of calomel ( $\frac{1}{4}$  to  $\frac{1}{6}$  of grain) or of ipecacuan, being substituted for the chalk and mercury powder, or these altogether omitted for weeks, and small doses of rhubarb and carbonate of soda given daily.

On the 26th of December, it was remarked that three complete weeks had passed without a fit, and that she could now bear a sudden noise without its inducing one. The tongue was now perfectly clean and of a healthy aspect. Her digestion was good; she had a tolerably good appetite, was lively, and had acquired a little colour in her cheeks.

I continued to see her at intervals during the following year. From the beginning of the year, she only took occasionally the rhubarb and soda powders, but began to take daily 15 drops of the tincture of the muriate of iron. This medicine was continued regularly for months. On the 6th of June, it was found that three months had elapsed since last she had a fit, and it was brought on by the shock she sustained from seeing a woman fall down in an epileptic fit. 10th August, still no fit; and when last seen, on the 9th of November, I was informed she still enjoyed good health, and had experienced no relapse.

It may be useful to inquire whether the above case tends to throw any light on the pathology of this very rare disease, or on those to which it is so analogous, on many points,—chorea and hysteria.

If the theories of Dr Marshall Hall, on the reflex function of the nerves, had done nothing else than teach us that diseases may have two origins, one at the nervous centres and another at the extremities of the nerves, yet both these be indicated outwardly by the same set of symptoms, he would have deserved the lasting gratitude of the profession. This very theory appears to explain at once the discordant statements, as well as the success of the most opposite forms of treatment pursued in the nervous affections



now under consideration. One writer, from having met with cases of chorea or of hysteria resulting from irritation at the nervous centres, and having treated them successfully on a plan adopted to this view, has hastily concluded that every similar affection must have a similar origin, and be amenable to similar treatment. Another, who had brought under his notice cases of these affections clearly traceable to derangement of the digestive functions, and treated them on a plan calculated to restore this function, has equally hastily concluded that he has solved the difficulty, and that all cases of chorea, hysteria, or kindred affections, will yield to the same plan of treatment. Both are unquestionably right, but both are just as unquestionably wrong; for my own limited experience enables me to state that certain cases will alone yield when treated by the one method, and others by the opposite. There are two distinct causes of all these nervous affections,—one depending on and caused by a morbid state or disordered function of the brain or spinal cord, the other depending on a morbid state or deranged functions of the digestive or uterine organs; the one acting through direct, the other through reflex action. There is no way by which one physician may show his superiority over another more than in diagnosing on which of these actions the symptoms depend, as on the correctness of his diagnosis rests the whole chance of a cure. It is of the greatest importance, therefore, in every case of nervous affection in especial, that the probable cause of the symptoms be discovered, before the remedies given for its removal mask or alter the peculiar features of the malady.

The above case in its whole progress seemed to depend essentially on disordered functions of the digestive organs, and the success of the treatment was a convincing proof of the correctness of the diagnosis. Had it depended on disease of the brain or spinal cord, lasting as it did for five years, there would have been present some symptoms which would have indicated organic affection of these nervous centres. But when the fit was off, there remained no loss of power in any organ of the body, no paralysis, no loss of any sense, no dulness of intellect.

Precisely the same is observed in most cases of chorea, though not in all. A child labours under the irritation of worms in the bowels, and an attack of choreiform symptoms may be occasionally observed. Remove the cause, and the child is speedily cured.

In most cases of chorea, long before the nervous muscular fits are observed, the bowels are deranged, the appetite irregular, the digestion bad, the child listless, the abdomen protuberant, &c.—all pointing out increasing functional disorder of the digestive organs. When this has continued a certain length of time, convulsive twitches are observed in various muscles, and at last the various incessant jerks, twitches, and convulsive motions of the face



and extremities are noticed, which characterise the disease. This is the form of chorea which is so amenable to treatment by laxatives, regulation of the diet, country air, and exercise.

The other form of the malady is that observed to come on like chronic hydrocephalus, but rarely brought under the notice of the medical practitioner till the first stage has passed, and the parents' attention is called to the child by the presence of convulsive twitches, with partial, though it may be slight paralysis. In this form there is no time to lose, and unless the proper remedies are applied, and that judiciously and speedily, the disease becomes incurable, or the patient becomes a paralytic for life.

It frequently, however, happens that, from the continuance of the disease, there co-exists irritation of the nervous centres, as well as disordered functions of the digestive organs. These are the class of cases which require a mixed treatment.

I have been led into these remarks from the conviction of their important bearing, not only on the pathology, but on the therapeutics of the so-called nervous affections. The pure and uncomplicated affection with which I had to deal in the above case of catalepsy, and the success of the treatment adopted, not only served to prove the accuracy of the diagnosis as to its cause, but also seemed to prove that such an affection may last for years without involving the nervous centres. This is notably the case in hysteria, in which actual disease of the brain or spinal cord is seldom ever witnessed, and attention to restore the tone of the deranged digestion and secretions rarely fails to effect a cure.