

The common origin and nature of 'blind spells,' petit mal, faintings, swoonings, coma, 'pseudo-epilepsy,' epilepsy, 'migraine,' etc. / by George M. Gould.

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THE COMMON ORIGIN AND NATURE OF "BLIND SPELLS," PETIT MAL, FAINTINGS, SWOONINGS, COMA, "PSEUDO-EPILEPSY," EPILEPSY, "MIGRAINE," ETC.

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I am told that, observed and studied with care and precision, there is no case of organic or infectious disease that is truly "typical," or exactly like that of another. Let it be admitted, however, that many run a course so roughly resembling others that they may, in a general and crude way, be called typical. Immediately that we turn to functional diseases the case is absolutely different, and instead of classifying any two cases as alike or typical, we are compelled to acknowledge that, with any observation to be named scientific, the symptomatologies and courses tend to differ as much as possible instead of resembling each other. But despite the divergences and variations, it is becoming recognized by analytic and studious minds that large groups of seemingly most unrelated diseases may have a common origin, and are essentially of the same nature. That this intimate relationship has not been discovered and traced out by medical men supposedly scientific is due primarily, of course, to their unscience—that is, their want of the closely-observant and philosophic, or analytic type of mind. Secondarily, it arises from the amazingly morbid non-interest of the profession in the origin of functional diseases. Thirdly, and specifically, it comes from the almost universal neglect of thoroughness in taking histories of patients and in finding out the facts they conceal, have not thought of, or that they suppose not connected with their chief complaint of the day. The common history-taking and symptomatology existing in the books and case-records of hospitals and private practitioners is usually meaningless and worthless. In truth, it does not generally exist at all. Do one-half of those now practicing medicine take notes at all, and properly classify, index, and keep track of their cases? No. Do one-half of the remainder do so in any way serviceable to themselves or another? Certainly not. It is generally only a few

questions, a quickly made diagnosis, a few orders, and then the rest is left to memory, which, for science, is absolutely non-memory.

I had been in practice for years before I began recognizing that patients did not tell the most of their related symptoms willingly, and that my history-taking was as much of a farce as that of my teachers. The vast importance of slowly, softly, patiently, cunningly, thoroughly working into the details of the past history, of getting at the biographic clinic, of eliciting the confession of symptoms long past and seemingly at present unrelated, is a great art; and it is a greater necessity, if we would understand all, and if we shall cure all. Often, and often again, I have been able to get at the facts only after years have passed, and by requestioning I have learned of the symptoms existing prior to the prescription of glasses, and which disappeared with the continued wearing of glasses. Thus slowly and by studying over the old records, and by massing together the indications from large numbers of similar cases, have I reached unifying conclusions, and found that many of the most apparently divergent and unrelated symptom-complexes of different cases have a common origin and nature. For instance:

"BLIND-SPELLS."

This is a term that is every day repeated by patients in the oculist's office—what, exactly, are they, and what causes them? By the term, if one is careful to inquire narrowly, every patient means an individual, peculiar, ever-variant happening. Under cross-questioning most patients will admit that they are not at the time and for the instant really blind. It is not an absolute blackness or total inability to see anything or something, it is only a temporary obscuration, dimming, or clouding. Things "waver," are hard to see, or rubbing or "batting" the eyes is necessary to see clearly, etc. Perhaps 25 per cent. of patients

mean *scotoma scintillans* by the term, and that is a revelation of itself of the frequency of this symptom. Again, scintillating scotomas are of as many kinds almost as there are patients, running, in different cases, from flashes of light, central dark spots, rings, waverings, crinklings, obscurations to one side, etc., etc., up to the extreme fortification spectra, with rainbowed or aurora-borealis-like wavings. Sometimes these last for only a minute, sometimes for a half-hour. Sometimes there are no after-effects, and sometimes there are sequent headache, weakness, sickness, etc., of different intensities and periods of time. By "blind-spells" patients have explained that they mean such tiring and extreme effort to see while reading, writing, sewing, or otherwise working, that they must stop awhile. Sometimes they mean that an object looked at, the threads in sewing, the ball in the air, etc., disappear, and in a second or two again reappear. Sometimes, once more, they mean that they cannot go on for quite a time, must change the work, get up and walk about, or something like.

I have had a number of patients who, in using the term "blind-spells," meant it most literally and accurately. A recent instance was in a woman who has had such attacks for about fifteen years. In Florida, where light was more harsh, they increased alarmingly. She has been hours and days without vision, unable to walk alone, etc. Then the vision would return and normally, and all go on as before. The phenomenon was caused by reflex eye-strain. And lastly, they mean, hiding the fact from their own minds and from yours, that they, as an individual, "stop altogether," that is, they lose consciousness for little or for long, partially or entirely. They are, if knowing it (and more know it than we or their friends suspect), secretly worried by it, and no one can guess how many bear about with them the haunting, disconcerting and tormenting grief that they have some inherited, inexplicable, incurable malady of the brain or mind. Thus this large class of sufferers from "blind-spells" passes on and over into the class afflicted with some of the thousand ever-variant and atypical symptoms bunglingly classed under the head of

"PETIT MAL."

The predominant and characteristic symptom with these patients is temporary loss or lapse of consciousness and purposive action, but without falling or extensive muscular spasms. The bodily functions hold the or-

ganism still, the psyche stops, seems disconnected for a short time, and then the nexus is again established, when all goes on as before.

SWOONINGS AND FAINTINGS, COMAS AND SEMI-COMAS,

are more extensive, sometimes more intensive examples of the same failings and stoppings of functions principally psychic, but not always so, the physical and physiologic losses of control varying greatly in extents, degrees and lengths of time. Extending from within this class, and occupying a great stretch of the long space between it and "typical" epilepsy, dovetailed into both classes, is that nondescript and infinitely varying class of patients bunched together under the meaningless terms—

PSEUDO-EPILEPSY, HYSTERIA, HYSTERO-EPILEPSY,

and dozens of others, repeated only by psychiatrists and neurologists, and understood by nobody in the world. But the rootings and beginnings of the symptoms of these pitiful ones, upon investigation, will usually be found back among phenomena which I have described, and among the functional "migraines," headaches, nervous and nutritional disorders, of similar natures and origins with them.

Epilepsy, of the pronounced or chronic kind, is the most extreme, the last, the most hopeless of the diseases of this general class. To the temporary loss of psychic control of all others is added only one almost accidental and not differentiating factor—an excessive and unregulated overflow of innervation to the bodily muscles during the lapse of psychic control or consciousness. Not for an instant, however, should be ignored the fact that the "pseudo-epilepsies," etc., merge into the "typical" variety by innumerable and indescribable gradings and varieties. There is individualism everywhere, and the hundred subclasses that might be made would far outnumber the extreme variety. Even in the extreme, individualism is always present, and to be studied as such. Each person in the world differs, psychically, and physically, even in the chemical construction of his protoplasm, from every other, and his disease must differ from that of every other.

In passing it may be noted that the tremors of many kinds and afflicting many patients, are often, in essential nature, probably not unlike the diseases described. And, lastly, there is a class of sufferers, more numerous than all others combined, the subjects of

MIGRAINE.

It is a word that well deserves killing, because its history is absurd, its use more absurd, the ignorance of its cause and nature most absurd. No two persons give it the same meaning, and everybody misunderstands everybody else when it is used. Historically or etymologically it means half-headedness, or headache on one side of the head; as commonly there are associated other kinds of cerebral and psychic disorders and suffering; as in a majority of cases there is also some digestional or nutritional disorder; and as in a large number of this majority there are crises with nausea, or with vomiting, followed by a sudden "clearing-up" process—it follows that this disease is the most atypical, as well as most common, of functional disorders. It links itself with the others mentioned above, and is demonstrably of the same fundamental nature as they because of its four most evident and chief characteristics: Periodicity (ever somewhat variant, however!); its functional and not organic origin; the weakening or loss of normal control of the mind and body; the sudden return to normality and health after the crisis.

"Migraine," comprising headaches of a hundred kinds, neuralgias, headaches with or without insomnia and other cerebral and psychic affections, with or without dyspepsias and nauseas and vomitings—"migraine," the commonest of all diseases, is in the majority of cases either the initial stage leading to the other diseases enumerated, or it accompanies them, or it is replaced by them. "Migraine" is normally the first and easiest and commonest reaction of the organism to the pathogenic factor which may beget any other of the types associated with them, or degenerate into them. I have reported the case of a patient who from early childhood had had fainting spells, headache, and vomitings nearly every day of her life; some of the thousands of swoonings lasted for hours, and she was thought to be dead. She was cured in a day by a pair of glasses. I have had many thousands of "migrainous" patients, typical and atypical, with all kinds and complications and intensities of correlated symptoms. I am sure that 98 or 99 per cent. have been cured. Those who do not cure the vast majority of such patients do not know how to diagnose and prescribe for ametropia.

And directly or indirectly, at first hand or by intermediation of a secondarily-produced cause, the vast majority of the diseases I have

classified are due to eye-strain, either to ocular function, or ocular malfunction. The mechanism seems to me this:

All the functions of the inorganic universe are rhythmic, pulse-like, or wave-like. Of that there is no question. It is just as true, also, of the world of life and of organisms. Every normal function of the human body is an illustration of this need of reaction following action, rest following work, relaxation following contraction, etc., etc. When the law is broken or overborne, physiology passes into pathology. It is most commonly broken in the human organism which compels the continuance and long-persisting innervation and contraction of a muscle or set of muscles. That is the single thing the god of physiology cannot do, and whenever our stupidity or necessities or ignorances mercilessly compel the attempt there is disease in the making. Almost all functional diseases can be traced to this source, and surely almost all those classified in this article. There is one function of our organism which allows, begets, or conditions all others—vision. The brain comes out to see, and the eye is brain substance told-off to the duty. In all other organs the brain manufactures the organ from outlying material. Embryologically the creation of the eye long precedes the making of the muscles—that is, self-motility is impossible without precedent vision. *Ubi motus ibi visus*. Therefore it is that vision is the method of making and evolving the higher life-forms, the preceding and causing and governing condition of all muscular action. Now comes the reason of the modern trouble of vision in the fact that prior to civilization all near vision, that within fifteen inches of the eyes, was rare, and of short duration, effected by a momentary contraction of a muscle, and the constant and all-necessary distant vision was carried out without contraction of the ciliary muscle. But for millions civilization now demands an almost uninterrupted innervation and contraction of this muscle for most of the hours of the day. And for a large majority of these ametropia compels the constant tension or contraction for every second when looking purposively at anything near or distant. So closely is vision bound up with every cerebral and neurologic function that this demand of persisting innervation is certain to set up morbid action first and usually in the brain, and then in any outlying organ or function which the brain may control. This is the explanation of the enormously varying and widespread incidence of eye-strain reflexes in any or every chief part of the organism. All the morbid results of eye-

strain are merely the cries of the suffering servants of cerebrum and body against the physiologic impossibility of too permanent or continuous contraction of a muscle.

There is one other chief and great source of functional morbidity and disease reflexes, and, strangely enough, although distant and seemingly unrelated, it turns out to be caused by ocular function. There are about twenty millions of Americans who have lateral spinal curvature. The slighter the degree the greater are the reflexes, strains and sufferings. When the condition becomes extreme, organic, with coalescences, rigidities, etc., then the morbid effects lessen or cease, and if secondary and resultant diseases and losses of reaction have not gone too far, health or absence of suffering may be reached. But that absence of suffering is conditioned upon the cessation of strained, persistently innervated, continuously laboring muscles, ligaments and organs. And thus while unphysiologically laboring at the never-to-be-renounced task of holding the body erect and of preventing increases of the curvature, there must be and are morbid results which account for a goodly share of disease. A great deal of epilepsy and of some other diseases is undoubtedly due directly to eye-strain, and I suspect more is due to lateral curvature of the spine. But lateral curvature of the spine is caused in the vast majority of

all cases by certain peculiar axes of astigmatism, or by the habit-curvature of the spine of the morbid writing posture. And this morbid posture is caused by right-eyedness and the necessity to see the letters being made by the pen, especially with the right eye.

To epitomize, compulsory continuance of muscular contraction or of other function, without rhythm or rest, is the source of most functional disease. Other muscles and organs may be thus called upon to act unnaturally and impossibly, but the ciliary muscle of the eyes is the most abused and most intimately bound up with all cerebral activity, and the greatest of all sources of functional disease. Next to that the spinal functions, muscles and ligaments in millions of cases of functional scoliosis (also indirectly of ocular origin), are compelled to persistent strain and function, and thus become prolific sources of pathogenic action. Combined, these two morbid causes account for most of the diseases mentioned. That functional diseases precede and beget organic diseases is a truism as evident as it is ignored. Scientific spectacles stop morbid function of the eyes, and thus prevent all the evil results that are produced by that malfunction. The proper placing of the writing-paper on a proper desk prevents the morbid writing posture.