## Transitory disturbances of consciousness in epileptics / by S.P. Goodhart.

### **Contributors**

Goodhart, Simon P. 1873-Royal College of Surgeons of England

# **Publication/Creation**

[New York, N.Y.]: [American Medicine], [1908]

### **Persistent URL**

https://wellcomecollection.org/works/yu3zhxuv

### **Provider**

Royal College of Surgeons

### License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. Where the originals may be consulted. Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).



Freets A. 395 (13

# TRANSITORY DISTURBANCES OF CONSCIOUSNESS IN EPILEPTICS

BY

S. P. GOODHART, M. D. NEW YORK CITY



Reprinted from
AMERICAN MEDICINE
New Series, Vol. III, No. 9, Pages 410-412
September, 1908



[Reprint from American Medicine, New Series, Vol. III, No. 9, pages 410-412, September, 1908.]

# TRANSITORY DISTURBANCES OF CONSCIOUSNESS EPILEPTICS.

BY

S. P. GOODHART, M. D., New York City.

Acute psychical disturbances may at any time manifest themselves in epileptics, and must be regarded as the direct expression of the existing brain disease (just as the convulsive seizures are). Psychic disturbances may occur without any physical concomitant; and on the other hand, there may be motor irritative symptoms in the form of twitchings, without involvement of the psychic sphere. A regular causative connection between the convulsive seizures and the psychic disturbances does and exist. Hence it is generally of minor importance whether or not the transitory disturbances of consciousness are preceded or followed by convulsions, or whether they have originated independently. Again, intercurrent convulsive seizures may appear in the course of an epileptic psychosis, without causing any alteration of the clinical picture.

Lemerling showed that the essential feature of all the acute epileptic psychoses

consist in an alteration of consciousness, with numerous transition forms from the grave confusional states to the "dreamy" states. The severest form is characterized by the total inhibition of consciousness, marking the last degree of psychical disturbance in the classic convulsive fit. The mildest form consists in the fluctuating moods of epileptics, in which a marked disturbance of consciousness can no longer be discerned. Thus the acute psychic disturbances of epileptics may be grouped as follows:

First: Great Convulsive Seizure,

Second: Rudimentary and Atypical Seizures,

Third: Petit Mal,

Fourth: Confusion, (stupor and delirium),

Fifth: Paranoid Conditions,

Sixth: Dreamy Confusional States with Compulsory Impulses,

Seventh: Depression, or Euphoria.

The classical convulsive attack excludes all conception of the external world, the consciousness of personality, memory, reflection or voluntary action. Even simple reflexes to external stimuli are in part absent. In the atypical attack, these deep seated disturbances are shortened and incomplete. Sensation returns sooner, or is altogether preserved, thus permitting

voluntary actions up to a certain limit.

Presence of Power of Discrimination, Recognition of Hostile Influences. By various modifications, the atypical attack approaches the attack of petit mal, in which a severe alteration of consciousness is never present for more than a moment at a time. On the other hand, the association of ideas is badly interfered with, and the sensation of personality is lost; but even a complicated action may be performed, as it were automatically, though remaining inexplicable without some assistance from mental processes, and frequently distinctly affected by external influences. In the transitory disturbances of consciousness, (dreamy states, mental automatism) which are closely akin to the petit mal attack, the conception of the external world becomes more and more evident, reaction toward it becomes more and more complicated, and the mechanical automatism is finally lost entirely, until all that remains is a so-called confusional state, in which it is again more or less possible to communicate with the patient by means of speech and to examine the disturbances of his mental processes. Interference with the higher psychic actions, and with the perception of sensory impressions, down to mere reflex processes, do not by any means stand in a definite ratio to each other. For instance, the reaction of the pupils to light may be preserved where consciousness is lost, and it may be absent when consciousness is only slightly altered. In a similar way, there is frequently analgesia in epileptic psychosis, whereas sometimes during a convulsive seizure the patient will wince after a pin-prick or a sprinkle of water.

The most characteristic feature of all confusional states consists in the inability of the patients to adjust themselves to the external world. The perception of time and space is more considerably interfered with than the consciousness of the ego. These confused patients may not know where they are; they may fail to recognize the persons surrounding them; they have lost all sense of time; but they almost invariably designate themselves correctly, as long as they are capable of an answer. Memory of past events is usually but little affected, and this probably accounts in part for the correct statements of their personal affairs by confused epileptics,—if they answer at all. Upon closer investigation, the essential alteration of consciousness in epileptic confusion is found to consist in a peculiar disturbance of the mental processes, which renders difficult or even impossible the assimilation of new sensory impressions and their junction with former

memory pictures. Thus the perceptive faculty is interfered with, and at the same time the tendency to mental processes is aggualed inaugurated; manifesting itself in kaleidoscopic delusions and hallucinations. This cardinal symptom was interpreted as a disturbance of the association of ideas by Zichen, who considers the epileptic confusional state in general as a variety of acute paranoia. He differentiates three forms of disturbed association; namely, inhibition, fugitive ideation (flight of ideas) and lack of coherence. (Monatschrft, f, Psych.-Neurol. IS. 183, XI, pg. 55, 393). In epileptic confusion, there is invariably a combination of incoherence with one of the two other symptoms. In stupor, the inhibition predominates; in delirium, incoherence is more evident. Inhibition is recognized by the increased time of reaction to sensory impressions of all kinds; best seen in the answering of very simple questions along the line of personal statistics. The entire clinical picture of epileptic confusion has for its most important feature the incoherence of the mental processes. In the graver forms, this is so plainly marked in the general behavior of the patient, as to put the characteristic stamp upon it. Limerling says accordingly, that the suspicion of an epileptic change of consciousness is always suggested by the rapid sequence of apparently systematic indifferent manifestations, and strange unexpected actions, often having the character of violence. (Berl. Klein. Wochschrft No. 42, 1895).



