On Epilepsy. By JOHN MANLEY, M.D., Medical Superintendent of the Hants County Asylum.

The object of the present paper is to illustrate some of the forms of Epilepsy met with in Asylums, and to point out their characteristics.

The most common form is that in which the attack commenced in childhood, and the history of such a case is soon told. Either the mind has never been developed and we have the idiot whose course is generally cut short in early life, or we have a milder form of disease where some considerable amount of intelligence has been developed, but is afterwards destroyed by successive convulsive attacks. Such patients usually give indication of the approach of a paroxysm by a warning more or less marked, and are thus preserved from much serious personal injury. In these, the attacks are not often protracted, and in the intervals of freedom from epilepsy, they continue as if nothing unusual was the matter with them. After a longer or shorter period they die, and *post-mortem* examination reveals little more than might be detected during life, namely, an unsymmetrical form of cranial and cerebral development, with a highly congested state of the brain and its membranes. This class of patients is very liable to pulmonary consumption and mesenteric disease, and death often occurs from intestinal lesion caused by the extraordinary substances which have been devoured Several such cases have come under my observation. In one which recently died with all the symptoms of inflammation of the bowels, the intestines were found to contain a band of straw several feet in length, besides some thick canvas half a yard long and four inches wide. Perforation of the colon had taken place. There is also a mode of death peculiar to epileptics and more especially of this class, I allude to suffocation. The tendency of most epileptics to cover themselves over in their bed clothes is well known, and no patients in an asylum are more prone to wear their neck-ties closely drawn and tightly knotted up, when they have the opportunity, than epileptics. One such patient who usually had fits every night, was so in the habit of rolling herself up in her bed-clothes, that it was always a matter of uncertainty to point out the position of her head and feet.

Occasionally, however, epilepsy appears to be concomitant with hysteria, and probably dependent on it. In such in-

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stances the fits sometimes partake of the hysterical, sometimes of the epileptic character, and sometimes they are intermediate, possessing at the same time some peculiarities of each. An example of this form of epilepsy is now in this asylum. She is an imbecile girl of lymphatic temperament, who was reported to have suffered from convulsions during infancy, but to have been free from fits for many years. As far as could be ascertained there was no hereditary predisposition. She had been, a short time before admission, confined of an illegitimate child, which survived its birth only a few hours. The day succeeding her removal to the asylum she vomited some blood from her stomach, and shortly afterwards was attacked with an epileptiform fit. Since then her attacks have been carefully watched, and they usually present this character: At first she seems to have the globus hystericus, then coughs as if there were a tickling sensation about her throat, next there is a slight retching, probably a little blood is thrown up, and then she falls suddenly forwards, loses consciousness more or less completely, and struggles, but does not foam at the mouth. Her countenance is but little distorted, and there is but very slight injection of the conjunctiva; her fits last but a minute or two, and she recovers suddenly without any lassitude, and can resume her occupation immediately. Still there can be no doubt that her fits are at times truly epileptic, as the night nurse has heard her fall out of bed, and has immediately afterwards found her insensible, and in a true epileptic paroxysm.

Another instance will probably characterise this form of disease more completely. A female patient, aged 30 years, was admitted in August of last year from an hospital. She was dropsical, imbecile in her manner, and reported to have lately had fits, The catamenia had not appeared since the birth of her youngest child, eleven years previously. During the time her case was being recorded, before she was sent to her ward, she fell off her chair whilst talking to me. She was very nervous, her full eyes rolled about, her face flushed, her breast heaved, and she sighed frequently; there was no frothy mucus about her mouth, no struggle, and she was readily roused when a small quantity of water was poured over her face. She soon recovered, and was removed to her ward. No alteration occurred in the character of her fits, which were of rather unfrequent occurrence, until the commencement of December following. On the night of the fifth of that month, she was visited as usual by the nurse at a quarter to three o'clock, when she was quite rational.

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At the next visit at half-past four the nurse found her turned on her face and quite dead, with every appearance of having died from epilepsy. I might cite more instances of this form of disease, but those I have selected appear to me sufficient to indicate clearly the existence of a distinct form of epilepsy, such as I have described.

The next form of epilepsy I have to notice, is that in which apoplexy is the primary symptom. This rarely occurs in persons under 40 years of age, and is generally fatal. The patient is usually found in bed in a comatose condition, and has lost the use of one or more limbs. The muscles of the face are in a state of unsymmetrical contraction. The pupils are usually unequal and sluggish, and sometimes there are convulsive muscular twitchings, but most frequently there is no sign of an epileptic paroxysm, there is no frothy saliva about the patient's mouth or about the pillow, and the patient has never been regarded as an epileptic. Gradually after the abstraction of a small quantity of blood from the head, cataplasms to the legs and feet, and a thorough purgation, consciousness returns, and the patient seems to be in a fair way towards recovery; but sooner or later, at no very distant period, he is attacked with epileptic convulsions, which in a few days terminate fatally.

The following instances are illustrative of this form of disease:—

A female, aged 54, was admitted in August, 1856, in feeble health, and in a demented condition. Her husband stated that she had never had a fit; she gradually improved in bodily and mental vigor. On February 4th, 1857, she was discovered in the morning to be comatose, and her features were drawn towards the right side. Her face was much flushed, her pupils unequal, and her right side was paralysed. Two days subsequently, having partially recovered consciousness, she was attacked with epileptic convulsions, which continued almost without interruption until her death, which took place on the 12th.

Another female, aged 64, also demented, was admitted September 24, 1856—she had never suffered from epilepsy. During the whole period of her residence in the asylum, she was in feeble health. On the morning of March 20th, 1857, she was found in a comatose condition, and entirely paralysed. She had improved slightly by the morning of the 23rd, but in the afternoon of that day was attacked with epileptic convulsions, and on the 25th died.

A male patient, aged 55, admitted October 20th, 1855,

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continued in good health and capable of active employment until March 27th, 1856. At 6 o'clock that morning I was called to see him, and found him comatose, speechless, and paralysed. His face was much flushed, his conjunctiva injected, and his pulse full and frequent. A few hours afterwards he was attacked with general epileptic convulsions, and died in twelve hours.

In none of these instances was a clot discovered after death, but the brains and meningeal membranes of all the patients were found to be highly congested, and the ventricles distended with fluid.

Epilepsy occurs again in the advanced stage of general paralysis, and indeed in patients suffering from this terrible disease, is not unfrequently the immediate cause of death. Sometimes the paroxysm is severe and general, but more frequently there are convulsive twitchings of one or more sets of muscles, accompanied by grating of the teeth, foaming at the mouth, and total loss of consciousness. Often this state continues for days together. The patient is debarred from taking any food, and the little remaining strength gradually declines under the destructive influence of the epileptic convulsions.

Lastly, I have to notice one more form of epilepsy. It is that which is sometimes seen during the period of salivation. Nothing unusual is remarkable about the patient, until he falls suddenly, becomes convulsed, loses consciousness, foams at the mouth, and presents all the evidences of an ordinary epileptic attack. The fit is usually somewhat protracted, and on recovery the feeling of lassitude is unusually severe. These paroxysms are rarely repeated, and as the other effects of the mercury pass off, the patient regains his usual health, with his mental faculties unaffected. This result of mercurialism is, I suspect, rare among sane persons, and in the instances in which I have observed it the patients were all insane, and there may have been an hereditary epileptic taint, though it could not at the time be ascertained. This kind of epilepsy must not be confounded with those epileptic convulsions that are supposed to be the result of gastric or intestinal irritation. The latter frequently recurring, though often without any cause observable during life, eventually produce such an obtuseness of the intellectual powers, that they end in leaving the sufferers, though older in years, still as debased in intellect as the kind of patients I first noticed, and with whom they ought therefore more properly to be classed.

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