Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

REPORT OF A CASE OF CATALEPSY; WITH OBSERVATIONS.

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MANY persons who have not had the opportunity of witnessing an attack of catalepsy, incline to doubt this disease as ever occurring. A report of a well-marked case, however, I conceive, will tend to remove this incredulity; and it will also contribute towards rectifying the discrepancies in the description as given by different authors: for it is from a series of well recorded cases of true and uncomplicated attacks alone, we can hope to give a correct account of this disease.

CASE. Male, aged 60, suffered from the effects of strong mental shock for a fortnight; altered vision and hearing three days; sudden tetanic rigidity of all the muscles, which caused him to be fixed in the position in which he happened to be at the time of seizure; subsequently the limbs retained any position in which they were placed; partial loss of consciousness; duration of fit twenty-two hours; no recurrence; good recovery. Wm. G., aged 60, is of strong bony frame; about six feet in height, with well-formed muscles; complexion ruddy. He is of a melancholy disposition. His passions are readily excited. He says "the least thing excites him, and causes him afterwards great annoyance and pain over the top of the head." His previous health was remarkably good; he was strong and hearty until a fortnight before admission, when he unexpectedly received intelligence of the sudden death of his wife; this caused him considerable mental depression. On two or three days before the present attack he was considerably annoyed by hallucinations of vision and hearing. He saw varieties of colours, and heard various sounds, sometimes the firing of guns. On these days he was noticed by his fellow workmen to be very "absent in his mind" on two or three occasions, remaining in this state two minutes.

While suffering from the above premonitory symptoms, he was suddenly seized, while in the act of plastering, with the trowel in one hand and the brush in the other, about 11 A.M. on May 2nd, with a fit. He stood erect on the scaffold on which he happened to be standing at the time, with his arms outstretched, his legs fixed, the whole body rigid and immovable; his eyes were widely open; he appeared to be quite insensible to all external objects. His arms were found to be so rigidly fixed in the elevated position that it was found impossible to pull them down; and the trowel and the brush were so tightly grasped in the hands that they could not be removed. On two or three occasions, however, while in this state, he deliberately removed the trowel from one hand into the other in order to have it free to get his handkerchief out of his pocket to wipe his nose; having done this, he resumed his statue-like position. He remained in this state for two hours, when he was seen by Mr. Chappell of George Street, who succeeded, after considerable difficulty in bringing down his arms. Notwithstanding a mustard poultice applied to the nape of the neck, and cold cloths to the head, as ordered by Mr. Chappell, he continued in the same condition until 4 P.M., when he was removed into the hospital.

On admission, he was able to walk if pulled along, otherwise he would not advance a single step. He seemed tolerably firm on his feet; for, on pushing him

so as to try to put him off his balance, he would make sufficient exertion to regain his equilibrium. The expression of countenance was most indifferent; the eyes were wide open, but his eyelids would remain in any position in which they were placed. He stared fixedly at vacancy. His attention could not be directed towards any object. His eyelids were sensible to the touch; the pupils were widely dilated, but acted readily under the stimulus of light. His skin was warm. The respiration was very superficial. Occasionally he would take a deep sigh. The pulse was 90; full, intermitting every eight or ten beats. When raised into the erect posture, he would remain so. On raising his arms they dropped. There was some slight rigidity on flexion and extension. The jaws were clenched; but he swallowed water without any difficulty when it was poured into his mouth. He was apparently quite insensible; for in vain we endeavoured to rouse him by calling loudly in his ears; and pinching him did not produce the slightest indication of discomfort.

I galvanised him at once pretty severely; and the muscles electrified contracted firmly. This seemed to cause him some pain; for he made a loud noise, and, on one or two occasions, he stood erect. Galvanism was persisted in for a quarter of an hour; as soon as it was discontinued, he relapsed into the same passive state. But the bystanders thought he seemed somewhat "livelier," and that he required less assistance to walk. Certainly, all the rigidity of the muscles had now passed off.

The cold douche was now tried. The water was directed from some height on his face and head. He did not offer much, if any, resistance. He closed his eyes firmly, and swallowed the water that entered his mouth; otherwise the treatment made but little impression upon him.

The above means having failed to effect much good, he was sent to bed. He walked up the stairs (with assistance) with a firm, steady step, without once making a false one. When in bed, in whatever position he was placed, however uncomfortable, he would remain unmoved. The arms were raised, and they remained elevated; I next raised his head off the pillow, and in that position it remained. At the same time I raised his trunk, and placed it at an obtuse angle with his legs; there it remained with his head in the position previously placed, turned to either side, with his eyes closed or opened just as they were placed. Now he presented a most curious spectacle, in the half-sitting posture, with the head thrown forwards, eyes open, but still appearing lifeless, and his arms outstretched. I can compare him to nothing better than to a tinted statue. He remained in this position, perfectly immoveable, several minutes, until his position was again changed. He seemed to have perfect control over his sphincters; for when an utensil was conveniently placed he immediately passed urine, which was high-coloured and free from albumen. I ordered an enema of turpentine, with half an ounce of tincture of assafœtida, to be given immediately; and the following draught every four hours:—

R Tinct. valerianæ ammoniatæ 3j; spirit. ætheris chlorici 3ss; decoct. aloes comp. 3iv; infusi valerianæ 3vij.

9.30 P.M. There was considerable rigidity of the muscles. His head could not now be raised off the pillow, nor the body into the sitting posture; otherwise he was much in the same condition. He retained the enema.

May 3rd, 10 A.M. He seemed much better. He spoke for the first time since the attack, about eight o'clock this morning, when he replied in answer to a question asked by the nurse as to whether he wanted the night-stool. From this time, he continued to talk, but still very reluctantly, and did whatever he was asked. He got out of bed without assistance. His bowels had acted

freely. He took his medicine regularly during the night. He had about three hours sound sleep. At present, his aspect was very gloomy. He answered questions slowly; it was with difficulty that anything could be elicited from him. He had perfect power of, and control over, all his muscles. His face was somewhat flushed; pupils dilated, still active; the right was a little larger than the left. Pulse 90, now regular.

On being questioned closely as to his consciousness during the fit, he said that he had a confused recollection of almost everything that occurred. At the first onset of the attack he remembered being immovably fixed to the plank on which he stood; he felt his arms fixed in an elevated position, and his mouth firmly clenched. He could hear distinctly those who talked to him, and he could see them; he felt, however, confused, and mistook one person for another. He remembered the treatment adopted before and after his admission into the hospital. He complained very much of the cold douche and the galvanism; and that the latter caused him great pain, in consequence of which he remembered crying out. He felt that, however unpleasant this treatment was, he could not acquit us of the fact by speech or any other means. He felt himself better after the galvanism; he fancied he could walk with much greater freedom. He seemed much annoyed that his body, during the attack, was placed in the different uncomfortable and ridiculous positions.

9.30 P.M. He had been less communicative during the day than he was this morning; he had taken his food well, and fed himself. The tongue was clean. The bowels had not been open since the morning. He was now seen by Dr. Fuller, under whose care he was admitted, who ordered the medicine to be continued, and a senna draught to be given the next morning.

May 4th. He complained of headache and depression of spirits. He was able to get out of bed without any difficulty, and walk about the ward. The treatment was continued, and he was ordered to have ordinary diet and a pint of porter.

May 6th. He complained of weakness and occasional pain on the top of the head, which he generally felt after any excitement. With this exception he felt quite well. The tongue was clean; bowels open. There was scarcely any difference in the size of the pupils. The heart's sounds were normal.

May 13th. He had no symptoms indicating a recurrence of an attack. He looked much more cheerful. He left the hospital to-day feeling quite well.

REMARKS. This case suggests various points of interest for consideration.

1. The cause could be very distinctly traced. Evidently the highly excitable nervous temperament, of which he exhibited a good example, strongly predisposed to the attack; but the more efficient cause was doubtless the depressing effects of the mental shock brought on by the unexpected intelligence of the death of his wife. This seems to be the prevailing cause; for in three very well marked cases, which I have been able to find recorded during the last fourteen years, the attack was caused by violent mental impression occurring in persons of well marked nervous temperament.

2. The symptoms which precede cataleptic seizures are not constant in their occurrence or character. In the three cases above referred to, there did not appear to have been any very evident premonitory indications of the approaching attack. In the present case, however, there existed precursory symptoms of very decided character; these were headache, the appearance of different kinds of colours before the eyes, and various sounds in the ears. These symptoms continued off and on for two or three days; therefore, timely and judicious treatment might have been the means of averting the attack.

3. Dr. Copland maintains that *tetanic rigidity* of the muscles seldom occurs; and, when this phenomenon is

observed, he thinks the disease is allied to ecstasy. (*Dict. of Practical Medicine*. Art. Catalepsy.) Dr. Watson also seems to ignore the existence of this symptom in catalepsy, for he observes on this point, "but the limbs are not tied down by spasms." (*Principles and Practice of Physic*. Fourth edition, p. 715.) Now, I believe the description as given by these eminent authors is not borne out by actual observed facts. In the present case, all the muscles of the extremities and other parts were so rigid that they could not be moved for two or three hours; and this state of things recurred once after a period of comparative relaxation of two hours duration. I find this altered motility to be the rule; on referring to the cases, already alluded to, this symptom is mentioned in *all*. In one, recorded by Dr. Coldstream, there was extreme rigidity—when any attempt was made to move the patient, her muscles instantly became rigid. (*Edinburgh Medical Journal*, April 1854.) In another case, recorded by Dr. Ringland, there were forcible supinations of the hand on the forearm (*Dublin Quarterly Journal of Medical Science*, August 1855); and in the other, described by Dr. Buchanan, he states, "I found the muscles of the arm firm as iron, and the hands clutched tight as in cadaveric rigidity. I felt every part of his body, the muscles of the legs, abdomen, neck, and arms; all were equally fixed, tight, hard, and cold." (*Glasgow Medical Journal*, July 1857.) Thus, in all the cases I have been able to find recorded of pure catalepsy during the last fourteen years, this symptom was well marked in each. The extreme degree of rigidity generally exists about the commencement of the attack, and passes off before the termination. It was interesting to observe in the present case the effect of galvanism in diminishing this rigidity; immediately after this agent was applied, his arms became comparatively relaxed. This tends to substantiate the theory recently propounded, viz., that rigidity depends upon a diminished supply of nervous stimulus.

4. Considering the intensity of the rigidity, and the subsequent condition of the muscles, with the long duration of the attack, it is fair to infer that this was a case of *complete* attack of catalepsy. But there did not exist *total* abolition of consciousness; even at the first onset of the attack, he could see, hear, and understand (confusedly) what was being said to him, although he was speechless, and the power of volition was suspended. It is interesting, however, to note that the latter function partially returned before the termination of the attack, for he could walk up the stairs with firmness and a degree of certainty; but still he did not seem to have sufficient control over his muscles to resist his limbs being placed in the different attitudes, however fatiguing. In the three cases to which I have already referred, consciousness was but *partially* abolished; it is incorrect therefore, to state, as is generally done in treatises on medicine, that *complete* unconsciousness is the condition of intelligence which is observed in true attacks of catalepsy. Probably, this error was committed from inferences induced from cases mistaken for true catalepsy, such as those suffering from the effects of extreme cold, hysteria, or feigned attacks. It is not unfrequent for me to be called to cases brought in—picked up from the streets—who appear to be quite rigid, the limbs retaining any attitude in which they are placed, and cold; but the application of the cold douche or galvanism invariably effects instantaneous cure, therefore leaving in my mind little doubt as to the nature of the attack. When these persons are questioned, however, after recovery, they generally declare that they were quite unconscious during the seizure.

5. Possibly, the flushed face, the inequality in the size of the pupils, which were observed in this case, would have been sufficient indications for some to adopt the antiphlogistic plan of treatment—in the shape of depletion, blistering, etc. But, considering the depressing

effects of the cause which had been in operation to determine the attack, with the very compressible and intermittent pulse, the case was treated by stimulating enemata, diffusible stimulants, antispasmodics, and nourishing diet. In fact, it was treated on the same principle as any other nervous affection of depressing nature would have been. The utility of the cold douche was very doubtful in this instance; it is a remedy I should not use in another. From what I observed of the effects of the galvanism, I conceive this agent to be of great use in these cases; if it did not shorten the attack, it would certainly have the effect of diminishing the rigid state of the muscles.

Original Communications.

DEATH AFTER EATING RAW RICE.

By T. OGIER WARD, M.D., Cowbridge.

INDEPENDENTLY of its interest as a narrative of a rather unusual form of disease, I think the following is worthy of record and of the attention of the profession, as disclosing a widely spread and dangerous habit, originating in the promptings of female vanity.

On March 21st, I was requested to attend E. T., aged 15, a nursemaid, a fine, handsome, well grown girl, who had been seized, while walking with the children, with severe pain in the stomach and left shoulder, shooting through to her back. The attack was so severe that she reached a cottage with difficulty; and thence she was carried home. She vomited some brandy that was given to her, and continued to do so occasionally till I saw her, six hours after the attack of pain. The vomited matter was thrown away, except the last, which consisted of bile, with mucus and a white grain or two. Her face was rather pale, skin warm, though at first she had had rigors, and her feet had been very cold. The tongue was whitish, but clean; pulse moderate in fulness and frequency. She had great thirst and restlessness, with quick breathing, apparently from the severe pain; which, however, was not much increased by pressure over the stomach. Upon inquiring the cause of the attack, I was told she had been eating some grains of raw rice in the morning; and that, though usually very healthy, she had had a somewhat similar attack on the 12th, after her return from festivities at Cowbridge on the 10th. As the stomach seemed empty, with much flatulence, and as her bowels had acted that morning, I gave her some tincture of opium with chloric ether, and aromatic spirits of ammonia, which I repeated every hour. After two doses, the pain and vomiting ceased, and I returned home.

March 22nd. I was called at an early hour to visit her, the vomiting having returned soon after I left, and having continued all night at intervals. I now found her with flushed face, quick pulse, furred tongue, which was not dry, nor was her skin. She was very thirsty, but vomited all she took, as well as quantities of green bile. The pain had now removed to the right side and shoulder, though it still remained in the stomach. She had passed urine once, but no stool since the attack. I now learnt that she had bought half a pound of rice the day before the attack, most of which she had eaten—indeed, she was eating it just before she was taken ill; and that her former illness was caused by eating a pound of raw rice she had bought on the 10th. She had acquired this habit from a former servant, who practised it for the purpose of improving her complexion; and she continued it from choice, her natural tint being very fair. Conceiving the case to be one of obstruction, I gave a dose of calomel and croton oil, and an enema of castor oil and turpentine, which emptied the rectum of

a few scybala. A second enema, after an interval of two hours, returned unchanged; but the vomiting seemed allayed by this and mustard poultices to the stomach.

March 23rd. I found her much the same; but there was some tympanitis with pain and tenderness in the left flank, which felt full, but soft. She had passed urine, but no feces; so I continued the enemata at intervals, with saline effervescing draughts and mercurial frictions over the abdomen, and two five-grain doses of calomel, to allay the vomiting and arrest the impending inflammatory action in the abdomen.

March 24th. I was called to see her at 1 A.M., as she was thought to be sinking. The vomiting had continued till she was quite exhausted. Everything she took by the mouth, except in very minute quantities, was immediately rejected; and the pain and tympanitis were much increased. As the castor oil and turpentine injections had had no effect, except to produce irritation of the rectum, I determined to try tobacco enemata, after having revived her a little with minute quantities of brandy and water and yolk of egg. The enemata were given every three hours; after the third application, she passed a quantity of flatus; and there was a slight appearance of feces, followed in an hour by a spontaneous evacuation, which gave considerable relief, and enabled me to return home.

March 26th. The bowels had acted several times; but, as the feces had been thrown away, I could not examine them. The pain and tympanitis were less, but the thirst continued intense; and the tongue was very dry, red, and sore; but the gums were unaffected, though she had taken several doses of calomel. The vomiting continued on taking liquids, which she persisted in drinking in large quantities whenever she could procure them; so that it was necessary to restrict her allowance. She had some honey and borax for the mouth, and the salines were continued.

March 30th. Menstruation had occurred before its time, and she had been better the last four days, the sickness having abated, though still brought on by large quantities of liquids. The tongue, red and sore, was scattered over with a thick apthous coating. The thirst continued urgent. The abdomen was less painful. The bowels were rather relaxed, not distended. The fever had abated. The medicines were continued.

April 1st. She had taken cold from getting out of bed and going into the next room undressed, and she had a cough. The treatment was continued.

April 18th. From the time she took cold there was no further improvement in her general state, though the vomiting and purging were less urgent. The fever and thirst continued, with profuse perspirations and hectic flushes. The pulse became extremely rapid, and the cough very severe and frequent, with mucous expectoration, but with no pain in the chest, or any physical signs of tubercular deposit. On the 11th, the mouth was quite well, the mucous membrane being of its natural pale pink colour; but, three days before her death, the aphthæ returned as bad as ever, attended with diarrhoea and pain and tenderness of the bowels. She died on the 17th, presenting every symptom of acute phthisis.

On further inquiry, I find that the habit of eating raw rice and wheat is widely diffused and extensively practised, not only in this part of the kingdom, but even in London, for the purpose of improving the complexion by giving it a more delicate tint. That it has any such power, except indirectly by producing indigestion, I very much doubt; and that it had this effect in the present instance, I ascertained from the girl's mistress, who informed me she was continually making ginger-tea to correct the flatulence from which she suffered. Though new to myself, probably some of the readers of the JOURNAL may have met with instances of the prevalence of this practice, and may be willing to give their experience of its results.