

Hysterical Convulsions.

by.
David Erskine Hughes —

A First-Class Essay

Hysterical Convulsions.

In this essay it will be my endeavour, merely to sketch the symptoms, treatment and causes, so far as they are known, of what are popularly called "Hysterics", or "Hysterical Fits." The treatment of hysteria would require volumes, and each malady that it mimics would require to be minutely described in order to point out the differences between the real and the simulated disease. So good an actress does hysteria render its victim, that, were it not for physical signs, the symptoms as described and imitated, would often lead us to suppose that our patient was labouring under some serious organic lesion.

Chorea, Eclampsia and Epilepsy are all characterised by the occurrence of convulsions, and it will be my first task to show how a hysterical fit may be diagnosed from one belonging to any of the above mentioned diseases.

The age and sex of the patient will, in many instances, be a safe guide. A woman may become the subject of hysteria, at any time during the period in which she is capable of impregnation, or, in other words, between the ages of fifteen and forty-five. As far as I have been able to observe, girls between eight and twenty-five are most liable to suffer from hysterical convulsions.

Chorea, as a rule, attacks females at an earlier age; either before puberty, or just as the menstrual function is being established.

Epilepsy is rather more frequent among males, than among females. — It may, however, manifest itself at any age.

Eclampsia is a sort of feverish epilepsy, if I may be allowed to use the

expression, and is always connected with the parturient state, while hysteric fits rarely, if ever, are.

The above restrictions as to age, sex &c, have rid us of two kinds of convulsions, the Choriac and the Eclampsic; but the more difficult task of discriminating between an epileptic, and a hysteric fit still remains.

In the intervals between the attacks, the general appearance of the epileptic differs from that of the hysteric. The countenance of the former is quiet, but wears a peculiar, anxious expression as if the patient were afraid of the sudden access of a fit: the face of the latter has a nervous look, the eyelids are perpetually winking and the nostrils are widely dilated and frequently twitch. — The patient, instead of seeming to dread a fit, appears perfectly ready to go into one, on the slightest provocation. The complexion is no guide, as to the kind of fit convulsions with which the patient is

affected, for the face is pallid or congested, indifferently in hysterical and epileptic subjects.

In many cases the approach of a fit of hysterics is heralded by the "globus hystericus", which may be considered as corresponding to the "aura" of an epileptic fit, to be afterwards described. The patient complains of feeling as if a ball were rising, ~~was~~ in her throat and about to choke her. Then the patient turns up her eyes in an alarming manner, and, if she be standing, her knees double up and she sinks on the floor, seldom or never, however, hurting herself in the fall. The characteristic laugh or giggle of hysteria is then heard, and the patient begins to throw about her arms and legs in a most violent manner. Severe opisthotonos, the back being completely arched and the body resting only on the nape of the neck and on the heels, is frequently observed. Indeed this symptom is considered by some writers as a certain diagnostic

of hysterical fits. The great violence of the convulsions and the opisthotonos do not, of course, as a general rule, last long, as the patients, being generally physically, as well as mentally weak, have not strength to carry on for any length of time, so severe a ~~series~~ voluntary gymnastic exercise. I may, however, mention that I attended a case in Dispensary practice, which, both from the character of the convulsions and the sequelæ, was undoubtedly one of hysteria, in which, a fit lasted, with scarcely any intermission, for upwards of twelve hours. The fit usually ends in a flood of tears accompanied with convulsive sobbing. A short time after the fit convulsions have ceased the patient generally passes a large quantity of limpid urine.

The above is a description of a hysterical fit as it is usually seen, but Dr. Watson, in his work on the practice of Physic, notices a variety, in which the convulsions are absent

and the patient lies, either really, or apparently, senseless and perfectly still, never the less, on recovering consciousness she is much fatigued and there is the usual discharge of limpid urine.

An Epileptic Fit is occasionally but not invariably preceded by a warning or "aura epileptica". This is described by patients, as the sensation of an insect starting from some point at the periphery of the body, generally the great toe, and crawling with greater or less rapidity towards the nervous centres. When the convulsions begin, the patient utters a peculiar cry and at once tumbles down, often hurting himself severely in his fall. The whole body is then violently convulsed the features are horribly distorted, foam, often tinged with blood, appears at the mouth. The bloody tinge is owing to the tongue having been bitten by the grinding of the teeth which is often audible at a considerable distance from the patient. The amount of strength which an epileptic possesses in a fit, is

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extraordinary. I have seen a puny looking man, whom, while free from convulsions a child might almost have mastered, when in a fit require the exertions of four strong policemen to ~~master~~ hold him. In epileptic fits, the sphincters are often relaxed and the urine and feces passed involuntarily.

Let us now point out the principal diagnostic differences, between the two forms of convulsions described above.

In the first place we observe the place and manner of the patient's fall. In hysteria a spot is always chosen where people are constantly passing; and the patient never hurts herself in falling: but the victim of epilepsy has no choice, he falls on the spot where he has been seized by the fit, and is often injured, even to the fracture of bones by the fall. In hysteria, the tongue is never bitten while in epilepsy it is sometimes terribly lacerated. The epileptic's features

as above stated are always convulsed and on the other hand those of the hysteric are, as a general rule placid and unmoved, with the exception of the twinkling eyelids, and twitching alae of the nose. A girl in a hysterical fit, never passes either solid or liquid excreta.

It is also worthy of note that hysterical convulsions are often of a comparatively local character, that is to say, a limb may be tossed about while the rest of the body is almost unmoved. In epilepsy the convulsions are more general, though cases are on record, in which the convulsions occurred markedly on one side only.

Such are the differences between typical examples of the above diseases; but we often meet with cases, which at first sight are extremely difficult to distinguish from epilepsy: a careful examination, however, of the history of the case, and an exact observation of the phenomena, will seldom fail to lead us to a correct diagnosis.

It now only remains for us to make a diagnosis between true and feigned hysteric. This is by no means easy, as the usual methods of testing the consciousness of the patient, are of no use here, since in both cases there is a certain amount of consciousness of surrounding circumstances. — I am not aware whether snuff, or other stimulatory powders, would cause sneezing in a real hysterical fit; — if it did not it would be a valuable means of diagnosis. The only mode of determining the genuineness of a fit, that I can think of, would be to observe whether there was the usual discharge of limpid urine after it. I emphasize "limpid", because a person intending to feign convulsions, might easily allow a great quantity of urine to accumulate in the bladder before commencing

Etiology.

Predisposing Causes.

Judging from the derivation of the

of name of this disease, ('ὄστρεον, the womb) the ancients seem to have considered that its phenomena depended on some abnormal condition of the genital organs. To a certain extent they do so, but a peculiar irritability of the nervous centres, must be superadded, for we see many women suffering from irritation, congestion and other diseases of the uterus and ovaries who, owing to the healthy state of their nerves, are entirely free from all hysterical symptoms.

The Greek etiology of this disease is rather curious. It was supposed that the globus hystericus was produced by the uterus escaping from the pelvis and getting into the oesophagus, and it having been observed that matrimony removed the tendency to convulsions, the ancients thought that the act of coitus attracted the displaced organ back to its normal situation in the pelvis;—they therefore sought by medicated applications to

produce the same result and thus effect a cure.

The connection of the symptoms with the state of the generative organs, is shewn by the fact, that paroxysms only occur during the period in which those organs are active, and by the aggravation of the fits at the menstrual periods when we know the uterus and ovaries are congested and irritable. Moreover any disturbance of their functions in women possessed of the nervous irritability above mentioned, is certain to bring on hysteria in one or more of its forms. It seems an abnormality that hysterical convulsions should be comparatively rare in the latter months of utero-gestation, but we must remember that in advanced pregnancy the womb is not nearly so irritable, nor does it cause so much sympathetic disturbance as during the first two or three months, (when fits are very common) as is proved by the cessation of the morning sickness at

the end of the third month

As chorea is often connected with rheumatism, so hysteria is ~~often~~ sometimes a manifestation of the gouty diathesis, as is proved by its frequent occurrence in the females of gouty families, and by the symptoms yielding more readily when small doses of colchicum are exhibited along with the usual antihysterie remedies.

Exciting Causes.

In those predisposed, a very slight shock, such as the receipt of news, whether good or bad is sufficient to bring on a paroxysm; - extraction of a tooth and even the annoyance of tooth-ache have proved strong enough exciting causes.

There was a girl, suffering from hysteria, in the Royal Infirmary during the summer of 1863, whose first fit came on shortly after having been much frightened by being pursued by a bull. This patient, a healthy country girl, was subject to convulsions of great severity for several

months afterwards. Hysteria is often infectious, those who are predisposed to the disease, being rent into convulsions by seeing another in fit. In the summer of 1863 there were four young women in Ward XIII who daily went into convulsions simultaneously during the physician's visit.

Treatment.

I shall consider the treatment, first, during the paroxysm and, second, during the interval.

Treatment during a Fit.

While the patient is in a fit, sprinkling the face with cold water, burning feathers below the nose, and carefully nursing her do more harm than good. Hysterical girls like sympathy, and the kind attention, thus shewn them, will be so gratifying, that they will sustain the convulsions as long as possible, in order that they may continue to enjoy it.

Any constriction, about the throat and neck chest must be removed as is done in all kinds of convulsions. If the

patient will swallow a dose of asafetida galbanum or valerian will probably be beneficial. If remedies cannot be administered by the mouth an enema of gruel and turpentine will do good by clearing out the bowels and removing any irritation, which their contents may be causing. Asafetida or galbanum may also be advantageously administered per anum. Dr. Watson states that he has obtained the best results from the administration of an enema of plain cold water. A patient in the Royal Infirmary was not only brought out of a fit, but cured by being held over a tub, while buckets of cold water were poured over her. It was once recommended that patients should be flogged out of a fit, and cases were adduced which proved the success of this mode of treatment. I hardly think however that this plan would be advisable at the present time. Even while the patient is in a fit we may do good by appealing to her fears, for though she seems in-

sensible to all that is going on around her, she generally hears pretty distinctly all that is said. Boerhaave relates that once a whole boarding school were affected with fits, which he cured by telling the nurse, in an audible whisper, to apply a red hot iron to the back of the first girl attacked in order to bring out the inflammation.

Treatment during the intervals may be considered under two heads, the medical and the moral. The

Medical Treatment

first claims our attention. Our first object should be to get the general health into as good a state as possible. To effect this all uterine and ovarian irritations must be removed. Amenorrhoea, if it exist, must be treated by warm hip. baths, iron and emmenagogues while menorrhagia must receive its appropriate treatment, namely tonics and astringents. Anaemia which frequently co-exists with hysteria must be removed by the use of iron and tonics, together with generous diet and fresh air. Attention

should also be directed to the *prima vice*, remembering that an accumulation of feces or an undigested meal, are common exciting causes of convulsions. The bowels should be freely opened at least once a day. The sulphate of iron and aloes pill will be found very suitable for this purpose. The following draught, to be taken every morning, will assist its aperient action at the same time that it improves the tone of the alimentary canal.

R

Magnesia Sulph: ʒi

Ferri Sulph: ʒi

Acid: Sulph: dil: m℥

Aqua mine. ʒv.

A nerve tonic, such as arsenic or quinine, may be cautiously given. We should be careful not to suggest to a hysterical patient the constitutional symptoms, we expect a drug to produce, as immediately after being told, she will begin to suffer from them. In cases, which we have reason to believe are of gouty origin, small doses of colchicum will be invaluable. Fine bracing country

or sea air would agree better with a hysterical patient better than the atmosphere of a town. She should take as much exercise as possible in the open air either on foot or on horse back. She must also keep early hours.

Among the drugs which have been used in the treatment of hysteria may be mentioned the whole class of antispasmodics, such as ether camphor, musk gabbanum &c.

Assafetida will be found very efficacious as it acts as an antispasmodic and also as an emmenagogue when the catamenia are suppressed. Repeated blisterings to the nape of the neck have been used with success, but it is doubtful whether the use of so severe a remedy is justifiable except in very obstinate cases.

Moral Treatment.

Our object is to keep the patient occupied and amused without being excited. Novels especially "sensation" ones should be strictly prohibited, and the only light reading allowed, should be works of biography and travel which interest but do not

excite the reader. It will also be found advantageous to cause the patient to learn by heart portions of Shakespeare or any other standard author. This practice would not only occupy her, while learning the piece, but would give her food for thought and improve the tone of her mind. Music in any form has great and self-evident advantages. Balls should be avoided, both because, they necessarily cause the keeping of late hours and are apt to produce over excitement. Theatres also must be eschewed; — in fact the only public amusements that could be judiciously allowed are morning concerts.

It has been incidentally mentioned, in a previous part of this essay, that hysterics are rare in the married state. Matrimony might, therefore, be recommended, as it seldom fails to cure the disease, but unfortunately this remedy though easily prescribed, cannot be readily obtained by all.