

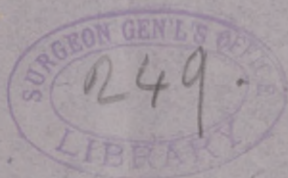
Zenner (P.)

Reprint from CINCINNATI LANCET AND CLINIC, Feb. 9, 1884.

EPILEPTIC INSANITY.

A Paper read before the Academy of Medicine, February 4th, 1884.

BY



✓
PHILIP ZENNER, A.M., M.D.,

CINCINNATI, O.

EPILEPTIC INSANITY.

A Paper read before the Academy of Medicine, February 4th, 1884,

BY



PHILIP ZENNER, A.M., M.D.,

CINCINNATI, O.

EPILEPTIC INSANITY.

By PHILIP ZENNER, A.M., M.D., Cincinnati.

The epileptic is doubly afflicted. In addition to his deplorable bodily malady he is usually doomed to an early mental decay. True, history furnishes some noted names, as Cæsar, Mahomet, Napoleon, who are said to have been subjects of this disease; and, probably, epileptics are known to many of you who, apparently, retain their intellectual powers. But, nevertheless, in the majority of cases epilepsy causes a gradual but sure downfall of mind.

The character also changes under the influence of this disease. Both the character and the mental impairment are often so characteristic as to be immediately recognized by the experienced physician. The patient assumes a constant religious tone and air which are exceedingly superficial. He is, at the same time, very irritable and suspicious. The slowness of apprehension and forgetfulness, the first symptoms of mental impairment, are at first only present during a shorter or longer time following an epileptic paroxysm. We have then the singular anomaly that, with a fair memory for passing events, there are intercurrent periods of whose occurrences the patient has almost no recollection. The failure of intellect is often directly due to the paroxysms, shown by the fact that when the latter cease to appear, or become less frequent, as the result of treatment, the intellectual powers again become more vigorous.

The condition which we have just portrayed might very well be termed epileptic dementia. We will not speak further of it here. It has been mentioned in order that it may not be confounded with quite another psychic disorder, which it is the special object of this paper to discuss, true epileptic insanity.

Epileptic insanity, just as the epileptic convulsive seizures, comes on in paroxysms.

It is of special importance and interest to the general practitioner, because it usually comes directly under his observation rather than in the charge of the alienist, and because of the seriousness and danger of the paroxysm itself. For the attack, sudden in its onset, and usually short in its duration, is often the explosion of the most violent fury, threatening the life of its subject or of those about him. The epileptic is the most dangerous of maniacs.

These outbreaks of insanity are, as just mentioned, usually periodical, and they are generally in immediate connection with a convulsive seizure. They most frequently occur after a convulsion, but they may occur before, and, not infrequently, they appear to take the place of an ordinary epileptic paroxysm.

Epileptic insanity presents a great variety of clinical pictures. Of these we will attempt to portray a few of the most striking ones, and then point out some general features most characteristic of such attacks.

The simplest form of psychic disturbance is the fit of momentary absence of consciousness. The patient is aware that there was a momentary blank in his mind, though he may have continued automatically the action with which he had been occupied. Thus Trousseau (1) mentions a musician who was often thus attacked in the act of playing, yet the latter was continued even during the interval of unconsciousness. Hughlings Jackson reported the case of a woman thus seized while in the act of cutting bread; the cutting was continued, and she inflicted a deep wound in the hand. One of the companions of my youth was subject to these momentary absences. He was often attacked while climbing trees or in other dangerous attitudes, without sustaining injury. He was always aware afterward that there had been

a blank in his consciousness. He, at a later period, became subject to severe convulsive seizures, became partly demented, and died of an intercurrent disease.

A common trait of the more prolonged psychic disturbances is a tendency to wander aimlessly about. A patient in my charge, some years ago, was frequently found many miles from home, and when returning to full consciousness was always surprised to find herself in a strange locality, being entirely unable to account for her presence there.

But a more common and most dangerous form of these epileptic mental disturbances is now to be described. The patient's mind is entirely clouded, he is filled with an indescribable and intense sense of anxiety and terror, his actions are impulsive, apparently motiveless, most violent, and rife with danger to himself or others. It is usually epileptics in this condition who cause the most appalling disasters, suicide, homicide, or other dire calamities.

We will now mention other forms of these paroxysms which are far more puzzling. The consciousness is not so much clouded. The conduct of the patient may appear so intelligent and reasonable, that it may not be detected that his mental condition is different from the normal. Nevertheless such periods have the stamp of the epileptic seizure, in as much as the most extravagant acts may be performed, and the occurrences are afterwards entirely or almost entirely forgotten. In the lighter forms there is only a slight cloudiness of the consciousness, perhaps a confusion of ideas from a too rapid flow of thoughts, or a feeling of despondency with anxious forebodings, or the patient feels an impulse to perform some strange or wild act while he is fully conscious that his condition is abnormal, and tries to check his impulsive action. At the same time he answers properly any question put to him.

In severer forms the mind is more clouded. The actions of the patient are unlike those of his ordinary life, and in contradiction to his character. He acts like a somnambulist. After the attack he has lost all memory for its occurrences.

Trousseau mentions a lady of very refined habits, who, during such a seizure, is unusually witty, makes obscene remarks, etc., of all which she is much surprised to hear afterwards.

Samt (*) mentions a man, who, during

such a paroxysm, acts the circus clown admirably.

Echeverria (†) gives an interesting account of a young man subject to such attacks: "One evening he went into the street, took a horse and buggy which he found in front of a house, rode over a mile and a half to his father's grave, pulled the flowers from the bushes planted over it, and brought them home to his mother, whom he invited to take a ride. Being asked where he procured the horse and buggy, he replied that he found them lost on the street. His mother directed that he leave them forthwith in a livery stable, that they might be returned to their owner. He started to do so, but left them at the stable as his own. When discovered by the owner, the transaction was looked upon as larceny, thereby causing great mortification and annoyance to his family. The boy, however, could never account for his conduct, and forgot completely every circumstance connected with it."

At another time the same patient, while in such a fit, was engaged by a shipping agent to go as a sailor on an English vessel. A few days after the vessel departed, on coming out from the state of epileptic insanity, he was surprised to find himself on a vessel for London, being completely ignorant how he came there.

Lasagne (‡) reported the case of a man of high social standing, who, while in a perfumery shop, pocketed various small trinkets lying on the counter, and went away without paying for them. He was afterward arrested, but knew nothing of the transaction.

I will mention but one instance more in illustration of these varying forms, a patient seen by myself, some years ago, in Professor Meynert's wards, in Vienna. The patient had religious visions, gave utterance to what might have been deemed to be prophecies. The case was of interest because it was doubtless like some others which have at different times misled superstitious people. It is not difficult to understand how such an epileptic, with his fervid utterances, his whole being elated, might be looked upon as possessing true prophetic gifts by the ignorant and superstitious.

We will now mention some of the characteristic features of these seizures, features common to many or to all of them. These are chiefly, the acute onset, the

either partial or complete obliteration of consciousness, the sense of anxiety often extreme, the impulsive blind actions, and the almost complete forgetfulness of what has occurred during the paroxysm.

Of importance, and almost characteristic in many instances, is the nature of the delirium. There is often something mystic in the delusions, the utterance of some religious word; God, etc., even when the consciousness is so completely clouded that no other words are pronounced; or there is great difference between uttered words and actions, as words denoting anxiety, while the patient smiles. In some instances, when the thoughts appear to be lucid, there is an absence of knowledge of very simple things, as of the day of the week, very recent occurrences, etc. Thus a careful study of the condition during a paroxysm, will often enable the experienced physician to form a correct diagnosis, even when there is no knowledge of the previous history.

Let us briefly analyze the mental condition and more closely scrutinize some of its elementary parts.

The first and most important element is the affection of consciousness. The latter is always affected—a fact which gives us a key to otherwise incomprehensible conditions. In some instances there is complete unconsciousness, and any act then performed might be termed purely automatic. In others the consciousness is only partly obtunded.

The anxiety and terror often felt, and the impulsive actions are worth more careful study. Hallucinations and delusions are often present in a paroxysm. These are of the most diverse kinds, sometimes giving origin to the most absurd acts, not infrequently they are like those of the delirium of grandeur. But generally they are of a frightful kind and, in so far, produce or foster the anxiety and terror or the impulsive actions. Yet the latter are not to be altogether thus explained. It may be impossible to detect such delusions.

The epileptics often have in their paroxysms a feeling of intense discomfort and distress from the condition of the generally sensibility. This is perhaps the chief cause of both the anxiety and uncontrollable impulses. So the anxiety often appears to be a primary element, and the violent impulsive acts instinctive, and quite independent of mental judgments.

The most singular feature is the entire forgetfulness. Acts, which to the looker-on, seem to be the result of a fully conscious intelligence, are afterwards entirely unknown to the performer. But the oblivion is not always so complete. It not infrequently happens that a patient can remember all the occurrences of a paroxysm immediately after it is over, while he has completely forgotten them after a short interval of time. Still more singular are some cases of partial memory for such occurrences. Samt reports two patients who recalled some of the events occurring during a paroxysm, while they had entirely forgotten others.

In this entire forgetfulness, epileptic insanity distinguishes itself from most other mental diseases. Acts performed in delirium from other diseases may be remembered afterwards. Magnau (s) mentions two interesting cases, in which epileptic paroxysms occurred during alcoholic delirium. One who had been previously delirious, when the epileptic paroxysm occurred tried to hang himself. When he recovered he remembered the alcoholic delirium, but would not believe the statement that he had attempted to hang himself. The second patient was taken from the street while in the epileptic attack. He believed he was Henry IV, that people prostrated themselves before him, etc. After being removed to the asylum, he saw cats, rats etc. When he recovered he remembered his alcoholic delirium, but knew nothing of his regal pretensions.

Another strange feature not mentioned, but which often has much practical value, is the fact that the delirium in the different paroxysms of the same individual is often nearly the same. The very words and acts may recur in almost a stereotype form. It would be interesting to know to what extent thoughts, which are uppermost during a paroxysm, form a part of the ordinary thinking in the intervals. Doubtless, in many instances, thoughts most familiar to the mind in the lucid intervals, recur in the paroxysms in a more violent form. But nevertheless the patient must not be held responsible for acts then committed, as he appears to have lost all controlling power.

Did time permit, it would be interesting to attempt an explanation of some of these strange phenomena, especially the forgetfulness and the great similarity of parox-

ysms in the same individual, or to consider what light, the study of these psychic phenomena might throw upon the general theories of epilepsy. But such considerations, which would be largely speculative, must be omitted in this brief sketch to make room for more practical matter.

The duration of an attack of epileptic insanity varies greatly. It may be only momentary, more frequently it is a few hours or days, rarely it continues several weeks. It closes usually as abruptly as it began. But the beginning, though abrupt, is often preceded by a change in the general condition of the patient. Frequently the patient is very irritable and despondent for several days preceding the mental explosion. This period, too, may be fraught with danger as we will see later.

An aura often foretells the immediate outbreak. This aura, though constant for the same individual, varies as much as that with the usual convulsive seizure. It sometimes seems to be the perception of the condition which preceded the first paroxysm. Sommer (6) mentions the case of a little girl who, from fright at seeing a dog spring towards her, was seized with a first convulsive seizure. Afterwards every paroxysm was preceded by the vision of a large dog springing toward her.

In another case, a man epileptic for many years, the patient saw one and the same landscape, otherwise unknown to him, just before each paroxysm.

The frequency of epileptic insanity can not be stated with any degree of certainty. In the majority of epileptics the mind becomes impaired, but a far less number ever become epileptic maniacs. Reynold judged from his observations that about one-tenth of those subject to epilepsy have attacks of epileptic insanity. But according to general experience probably a larger number are thus affected.

It has long been believed that attacks of so-called *petit mal* or epileptic vertigo are more frequently followed by failure of the intellectual powers than attacks of *grand mal*. It is not improbable that also attacks of insanity more frequently follow the slighter than the greater convulsive seizures.

Insane attacks are generally found only after the patient has been subject to ordinary epilepsy for a long time. Falret states that such an attack is most likely to occur when a quick succession of convulsive seizures has followed a long quiescent pe-

riod. Nevertheless the attack of insanity in some instances appears to be the first manifestation of epilepsy. Yet in such cases a careful examination will often reveal the former presence of the unrecognized disease. Thus Magnen reports a case where a man, who had been supposed by himself and others to be perfectly well, in an insane attack killed a comrade for whom he had previously manifested the greatest affection. A subsequent examination revealed the indubitable evidence of previous epileptic seizures. The patient often had bruises that he could not explain; he had evidently had frequent attacks of unconsciousness, whose significance was entirely unknown to him.

Such paroxysms recur with varying frequency. In some persons not more than one attack is observed. In others they occur frequently. They can often be made less frequent or to cease altogether by appropriate treatment. In many old cases, especially where there is complete dementia, they frequently cease to appear.

We must now briefly consider the medico-legal aspects of our subject. When individuals are known to be afflicted with this disease, and an entirely motiveless act of violence has been committed without effort at concealment, there can be no question of accountability or punishment. But the matter is by no means always so simple. We have seen that patients are sometimes in an apparently lucid condition; yet they should not be held responsible for acts then committed, shown by the fact that they may be in complete variance with their usual conduct, and are entirely forgotten afterwards. But acts committed at such time could very easily be misjudged. The case reported by Echeverrie, already mentioned, of a boy taking a horse and buggy from the street is a good instance of this. Magnen also reports an interesting case in point: A man being found wandering aimlessly about, was arrested. He at first spoke lucidly. But when brought before a magistrate he threatened and then attempted to injure him, for which he was condemned to two years' imprisonment. The next day he knew nothing of the whole occurrence.

Thus it may happen, if it be the first known paroxysm, or the previous history is unknown, that it will be impossible to determine the true state of things.

We have already mentioned that a par-

oxysm is often preceded by a change of character and disposition of a few days' duration. Crimes committed at this period are more difficult to properly estimate.

A few years ago a case of this kind appeared before the Cincinnati Courts. A young man had been epileptic for several years. The disease had caused some enfeeblement of the mental powers. He had attacks of insanity, which usually followed a convulsive seizure. But the latter was always preceded by a very irritable and depressed mental condition. At one time, while in a trivial quarrel with a companion he shot the latter. A few days subsequently he was found in a state of stupor. There was every evidence that this was a post epileptic stupor. The crime was committed while the patient was in that morbid condition of mind, which preceded a paroxysm. Patient remembered afterwards the quarreling and the shooting. He had, naturally, no knowledge of the convulsion and the subsequent stupor. So the crime was committed while he was in a mood where he was more easily provoked to passionate acts than normally, but he was fully aware of what he was doing. To what extent should he be held accountable for this act? Here we approach a question which can not yet be appropriately answered either by law or medicine. We can not place an exact limit where responsibility begins or where it ends. In this instance the judge wisely consigned the man to confinement for purposes of public safety, rather than for criminal punishment.

What should be done with epileptic maniacs is a perplexing and difficult question. It is unavoidable that many move unrestrainedly in our midst, who may at any time become dangerous to society. Even those who have had paroxysms of a dangerous character and in whom others of a like kind may be expected, can not, in many instances, be kept in perpetual confinement. For, at least, with the present general arrangement and management of our asylums, individuals can not, usually, be indefinitely retained, who are ordinarily perfectly sound in mind, and only at long intervals have very short attacks of insanity.

But, at least, it is well to remember what cases are most dangerous. We must remember, a fact already mentioned, that paroxysms usually recur in the same form, and when a dangerous one has preceded, future ones of the same kind must be

awaited. Fortunately, in some instances, one can foretell the explosion a sufficient time to guard against its dangers. But if this does not occur, those, who are subject to paroxysms of a dangerous nature, should, if possible, be under constant surveillance.

As to the treatment, I need add but little. The therapy of epileptic insanity is exactly the same as for ordinary epilepsy, and that, you know, is the bromides *per excellence*. Though the extensive experience with this drug has failed to realize the bright hopes once entertained for it, it has nevertheless proven by far the most valuable means in treatment.

Meynert, whose experience in this disease, has scarcely been surpassed, recommends only the Bromide of Potash. He begins by giving one gram (15 grains) three times a day, and increases the daily quantity by one gram every time there is a recurrence of a paroxysm. He says the medicine appears sometimes to have no effect until a certain dose is reached, when it apparently entirely controls the disease. He has never found it necessary to exceed sixteen grams a day. It may not be necessary to continue the large doses, but the medicine must be given for years. The difficulties from its administration are the disturbance of the gastric functions, the provoking of cutaneous eruptions and mental habitude. Stomach trouble can usually be avoided by giving the medicine largely diluted. Magnan believes it best for such purposes to give the remedy just before meals, and he uses as vehicles infusion of quassia and syrup of orange peel.

Cutaneous eruptions will usually disappear after a short cessation of the medicine, or it may be controlled by the simultaneous administration of arsenic. The mental habitude always disappears when the drug is discontinued.

Hydrotherapy often very greatly assists the actions of the bromides. Various other medicines are sometimes beneficial, though they need not be mentioned in this short sketch. Proper hygienic measures will also avail much for the improvement of the patient and amelioration of the disease.

1. Clinical Lectures.
2. Archiv f. Psychiatrie u. Nervenkrankheiten. Vol. VI.
3. American Journal of Insanity, 1873.
4. Quoted by Echeverria.
5. Le Progres Medical, 1883.
6. Archiv f. Psychiatrie u. Nervenkrankheiten. Vol. XI.



