

AN
INAUGURAL DISSERTATION

ON

Catalepsy

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BY

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The nature of this extraordinary and uncommon disease was, it seems imperfectly understood by the ancient medical writers, we find some of them denying the existence of such an affection entirely, whilst others considered it to be in the same class, with the soporose and lethargic affections generally. There has therefore been a variety of opinions among medical writers, in regard to it, and various denominations have been given to it by different medical men, it is said that according to Galen, those affected with ^{this} disease were originally called Catache or Catactus, but the disease thus called by Galen, resembled tetanus, and Apoplexy so nearly, that it is supposed, that he had placed this disease in the same Catalogue with those affections, some of them seems to have denominated it, according to what they conceived

to be the most prominent symptom during
the attack, hence it is said to have been called
Anauria, on account of the deafness of the
patient during the Paroxysm, and Aphonia
from the loss of voice, and this disease was no
doubt upto the time of Aesclepiades, confound-
ed with Lethargy, Coma, Apoplexy, Epilepsy,
&c. for it seems that he was the first to de-
nominate it Catalepsy, and he even has left
no accurate description of this disease.

Although it is not clear, yet it is supposed
by the most learned, that Celsus was alluding
to this disease when he spoke of persons being
as it were thunderstruck, for although he
seems to have confounded it with the Apoplexy
of the Greeks, he speaks of it as a rare disease,
and in the subsequent Chapter, he speaks of
Apoplexy as Paralysis of the whole system, and
as being a common affection, it is therefore

highly probable, that he was alluding, to this particular disease. There is in fact great confusion among the ancient writers in regard to this disease. Nor does this confusion seem to have disappeared even in modern times, for we find Physicians of modern date, have had doubts as to the existence of this disease. Dr Cullen is said to be among this Class, hence we find him denominating it Apoplexia Catatleptica, having believed it is said that the reported cases of Catatlepsy, were either feigned or else varieties of Apoplexy, having himself seen no catatleptic symptoms, but what had in his opinion been deceptive. The number of well authenticated cases now on record, however, render its existence unquestionable.

Symptoms. The patient is generally seized suddenly, but at times after certain precursory symptoms as lassitude, palpitation, vertigo, confusion

of intellect, headach, cramp in the limbs, stiffness of the neck, gastric uneasiness, nausea and even vomiting, with temporary loss of intellect and sensibility, being utterly unable to move hear or see surrounding objects, remaining in the exact position in which the patient happens to be at the time of the attack, the eyes being half and sometimes entirely closed, Pupils dilated, yet they contract upon the approach of a strong light, the countenance composed, at times slightly suffused, but generally paler than natural, pulse but little if at all disturbed, remaining nearly natural, the limbs and muscular system generally, being in a state of deathlike rigidity or stiffness, so much so that it often requires a considerable degree of external force to move a limb or any portion of the body, yet the head, limbs or any other portion of the body may be moved, and when thus moved they often will retain any

position into which they may be placed, an arm may thus be raised or extended into the air, as if the patient was reaching, as high as possible, and it will apparently retain its position as if held there by a strong effort of volition, yet in most instances it does not retain that position, for by an imperceptible movement it gradually descends, and after an indefinite length of time it will be found resting in its original position, and the same thing will take place with any portion of the body. The respiration is so gentle that we cannot, in many instances tell that the patient is breathing at all. And although the pulse generally varies but little from the healthy standard, yet it is said at times to become so feeble, that it cannot be felt at the wrist, and it thus becomes to ^{be} a matter of some doubt, as to whether the patient is living, or **actually** dead, and it ^{is} said that patients have thus been inter-

a live, in this condition the patient remains for an indefinite length of time, varying from a few minutes to as many hours or days, when sensibility suddenly returns, being usually announced by a deep or heavy sigh, and the patient often appears as if nothing had transpired, and as if he had just awoken from a slumber, in fact they will often proceed with a conversation in which they happen to be engaged at the time of attack, commencing precisely where they left off, and it is said that they will at times, even complete the pronunciation of an unfinished word, but generally upon reviving, they complain of some gastric distress, such as pain, nausea, and sometimes vomiting, and if a female which it is very apt to be, with pain in the region of the uterus.

At other times the patient will only be partially affected as one limb only, or one half of the body will be in a Cataleptic condition, whilst they will

be able to move every other part.

In other instances, the entire system will be in a Catatonic State, yet the patient will retain the power of swallowing, and although apparently insensible, they will swallow any fluid poured into the mouth. In other instances the various parts of the body, will be differently affected at the same time, for instance, one side of the body, or one arm only may be in a true Catatonic condition, whilst the other arm alone, or one or both legs and the arm, will be in a State of Spasmodic agitation, so as to be alternately contracting and extending, and thus to keep up a continued beating and kicking, during the continuance of the paroxysm, and what is the most remarkably strange is, that it may be the extremities of opposite of opposite sides, as for instance the right arm and left leg, or vice versa, or it may be that one portion of the body may be in a true Catatonic State of rigidity,

as one half of the body, whilst the other half will be in a state of Spasmodic tremor, very much resembling the Spasmodic stages of Epilepsy, which will continue during the paroxysm and upon the cessation of which, the patient revives at once, without any Coma, or tendency thereto.

At other times, the patients are said to have a perfect knowledge of every thing that takes place about them, during the paroxysms, although unable to move or speak, and a case of this kind is recorded, in which a lady lay and heard from her attendants, that she was supposed to be dead, she was laid out and other arrangements made for her funeral, yet she could make no sign or give any evidence of life whatever.

Others again have ^{had} wondrous revelations or Celestial visions during these attacks, which have made such lasting impressions upon the memory of the individual, as to induce them

to believe their reality, and from which the most extravagant tales have been concocted and told, such for instance as the operations of futurity, and those cases are said to have been taken advantage of, by some of the ancient (as well perhaps as some of our modern) Divines for Religious, Political, and other purposes, such as inducing the belief, that they held consultations of a mysterious character, with the world of Spirits &c, and it is even said that the sense of sight, smell, and taste, have all been transferred to the Epigastric region during the Paroxysms of Catalepsy

Catalepsy is an intermitting disorder, unaccompanied by fever, and recurring in Paroxysms of variable length, generally of but few minutes duration but at times, of as many hours or days, the length of the intervals are equally liable to variation

Prognosis. Death has very rarely occurred during a paroxysm of Cataplexy, and when it has occurred, it is said that it has usually been caused by the disease being complicated with, or passing into some other affection, as a poplepsy, Mania &c. I do not therefore consider this disease to be of a dangerous character, Boerhaave to the contrary notwithstanding.

Causes. A highly nervous temperament, and whatever tends to increase the susceptibility of the nervous system, are considered predisposing causes of Cataplexy, whatever tends to debilitate the system, or act powerfully upon the mind, as depressing passions, Fear, continued anxiety, long and intense application of mind, unrequited love, hysteria, mania, melancholia, Hypochondriasis &c. At the head of the exciting causes are reckoned terror, suppressed rage, protracted meditation upon deeply exciting subjects, repelled

Cutaneous eruptions, Suppressed evacuations, Pleth-
ora, worms and other sources of irritation of the
digestive organs, are said to be occasional causes
as the Paroxysms, are said at times to be produced
by trifling circumstances, as by slight
contradictions, anger, impatience, sudden
noise, unexpected visits and any thing
that produces sudden, and unexpected ex-
citement.

Diagnosis. The only difficulty in diagnos-
ing a case of true Cataplexy, would be
as to whether life was still existing, or whether
the patient was actually dead, the applica-
tion of the finger to the large arteries, the stetho-
scope to the Cardiac region and chest, a pol-
ished mirror to the mouth, out to be a suffi-
cient test of life if not we must wait for
putrefaction.

Pathology. Morbid Anatomy has thrown

but little if any light upon the nature of this singular affection, few ~~opportunities~~ ^{opportunities} for dissection have occurred, and ⁱⁿ those the brain and nervous system have shown no morbid changes, the most reason^{able} conclusion perhaps is, that a temporary state of congestion or irritation exists in the Cerebro Spinal System, and ~~and~~ in as much as the disease, seems often to be produced by sympathy with the uterus and stomach, as well as the intestine, it is probable, that the ganglionic system, is not infrequently implicated.

The following case will I think, give a very fair illustration of this singular disease.

In May 1852 I was called to see Miss E. B. an unmarried lady, aged about forty years, of Melancholic temperament. I found her in a true Catatonic Condition, the history of the case as I was then informed is as follows viz

At the age of eight years, she fell from a tree, a distance of some twelve feet, injuring the spine in the lumbar region, she was speechless for ten days after the accident, and unable to walk for some six months, on account of a partial paralysis of the right lower extremity, she then gradually recovered, always however, moving the right leg awkwardly, and the nervous system remaining in an irritable state, yet she grew and appeared quite healthy, being rather robust than otherwise, menstruated at the usual period, regularly and to all appearances healthy, at the age of eighteen, whilst lifting a heavy body, she felt something give way in the left side of the Pelvis or Hypogastric region, accompanied by a discharge of blood from the vagina, which she thinks was not the regular Catamenia, as she had had that discharge, the week before, severe bearing down pains in the region of the

uterus, came on at that time, and they have con-
tinued at times ever since, from this period, the
invariable state of the nervous system gradually
increased, and at the age of twenty six the
pains seemed at times to extend from the Hypo-
gastric region to the stomach, and finally to the
teeth, and after she had suffered the most ex-
cruciating pain in the teeth for two days, the pain
extended to the ears and head, when she was for
the first time attacked with Cataplexy, the
paroxysms varied in duration from a few minutes
to thirty six hours, she would remain in a motion-
less, insensible, and deathlike condition, during the
continuance of the paroxysms, sensibility would
suddenly return, only to be again followed by
another attack of like character, in an interval
varying in length, from a few minutes to an hour,
during the intervals, she was tormented, with the
most violent pains in the Hypogastric region,

Stomach, teeth, and ears, accompanied with frequent nausea, and sometimes vomiting, these symptoms continued for about six weeks, at the end of which time, the paroxysms gradually became shorter, and the intervals were proportionally lengthened, she then soon recovered and was comparatively well, the irritable state of the nervous system, and awkward movement of the right lower extremity in walking, excepted, for about six months, when she was again attacked with Cataplexy, (it having been preceded by the same premonitory symptoms as in the first instance,) in a more violent form than before, she would be convulsed during the paroxysm, in a manner very much resembling the spasms of epilepsy, except that there was no state of stupor following, neither was the respiration perceptible, hence not disturbed, returning sensibility as in the first instance, was invariably announced by a

deep sigh, when the paroxysms would cease at once, and during the interval she would rise up, or turn in bed as circumstances might indicate, soon to be again attacked in the same manner as before, these paroxysms continued to return in the same manner, day and night for about two weeks, they were then gradually converted into the true cataleptic paroxysms, these continued for some two weeks longer, when they ceased also, leaving her however Paraplegic she was also blind for about three weeks, and she could not speak for about twelve months, she gradually recovered the use of her lower extremities, so that, in about ten months she could walk with difficulty, she then had another attack of Cataplexy, the paroxysms continued to return for some three or four weeks, in very nearly the same manner as did the first attack, and upon her recovery, her speech was restored and she was able to walk, in about six months thereafter she had one other ~~attack~~ attack of a mild charac-

ter, from which time she had no other attack un-
till May 1852. The following was her condition
when I first saw her, viz. →

She was on her back, the countenance nearly
natural, being however a little pale than it would
have been in health, eyes half closed, pupils dilated,
yet sensitive to light, evinced by their contracting, -
when a strong light was presented to the eye, pulse
about eighty in the minute and nearly natural, res-
piration imperceptible, except a very slight move-
ment in the epigastric region, muscles in a rigid
state of deathlike stiffness, requiring considerable
force to alter or change the position of any of the
limbs, the flexor and extensor muscles being well bal-
anced, yet when moved they would retain any
position they were placed in, the arm being raised
or extended into the air, would apparently retain
its position, yet it would as imperceptibly as the
sun moves gradually descend, so that, in about

Three quarters of an hour, it would be found resting
in the same position it was in before being raised,
and so in regard to all the muscles of the body,
the body ~~was~~ raised into a half sitting pos=
ture, and in the same gradual manner it ~~de~~
scended, and the head was found resting upon
the pillow, from which it had been ^{raised} in about the
same length of time ~~that~~ was required for the arm,
She remained in this perfectly insensible con=
dition, for about one hour from the time of my
arrival, making as I was informed, about
four hours from its commencement. Returning
sensitivity was announced by a deep sigh, she
suddenly revived, complaining of the most ex=
cruciating pain in the Hypogastric region, stom=
ach, teeth, and ears, accompanied with nausea
and ^a severe effort to vomit, without effect, how=
ever, and in about half an hour, she fell into
the same state of insensibility as before, and

from which, she again revived at the end of four hours, upon examination I found a tumour in the left side of the Hypogastric region, of considerable size, evidently being an enlargement of the uterus or its appendages, which was firmly pressed low down in the pelvic cavity, and very tender to the touch. These attacks continued to return, with intervals varying in length from a few minutes to an hour, and the paroxysms also varying in their duration, from one to thirty hours, for about three weeks, the intervals then became gradually lengthened, and the pain, nausea, vomiting, &c gradually lessened, the paroxysms at the same time shortning, and thus they gradually disappeared, and she seemed to enjoy very good health untill in Oct. thereafter, when she was again attacked with the usual premonitory symptoms, I was ^{sent} for and I found upon examination

That the Uterine tumour above described, had again descended low down into the pelvic cavity, I again raised or elevated the tumour from its impacted condition, Cupped her freely over the Sacrum and on the back of the neck, and gave her a strong Cathartic, the unpleasant symptoms passed off without any attack of Catalepsy, in April 1853 She was again attacked with Catalepsy, which as before was preceded by the usual premonitory symptoms, and after continuing as before for a few days, the symptoms underwent an entire change, assuming a very different form, instead of remaining in the motionless condition as before, the muscles were rigidly contracted, and at the same time accompanied with a convulsive or shaking movement, of such violence as to shake the entire bed upon which she lay, and continuing during the entire paroxysm, and at once ceasing upon the return of sensibility, which was always announced by a deep sigh,

when she would suddenly revive with^{out} any stupor or
Tendency thereto, soon however to be again followed
by an other Paroxysm of like Character, these symp-
toms continued for several days, when they became more
mild and periodic coming on every day about one
o'clock, and ceasing at twelve or one o'clock at
night, the symptoms moderated by first being confined
to the right side, and then to the right arm alone,
and finally ceasing entirely, leaving her again
paraplegic, this condition continued for about
twelve months, during which time she had one other
slight attack which however passed off in a few
days, she then under the use of Strickmine recovered
the use of her lower extremities, so as to be able to
walk as well as she had done for years.

In the month of May 1855 she was again at-
tacked the true form of Catalepsy, after having
been several times threatened with the premonitory
symptoms, and they perhaps warded off

or prevented by the use of cups, cathartics,
replacing or raising the Uterus, ^{telmsu} before mentioned &c
This attack was mild and periodic, therefore passed
off in a few days, and in Sept. thereafter, she
was again attacked with this disease in an en-
tirely different form from any thing that I had be-
fore seen, the left superior extremity was now firm-
ly contracted upon the chest, and with the right
arm she would continue striking and beating
with as much regularity as the Pendulum of a
clock moves, and at the same time as regularly
kicking or stamping with both feet, as if she
was marking time in regular Soldier style,
during the continuance of the Paroxysms, and these
Symptoms in a few days changed again, then the
right leg remained still in a perfectly rigid or
stiff condition, and she would beat with the right
arm as before, and as regularly kick or stamp with
the left foot, and at length both feet remained

in the same state of rigidity or stiffness, and she then beat as regularly as ever with the right arm and hand, the left remaining during the whole course of attacks in the same state of rigidity or firm contraction upon the chest, and thus it gradually fell into the true cataleptic state of the periodic variety, and she was having paroxysms in this form, when I left the case in the charge of my brother Dr. G. W. Newsom on the tenth of Nov. and he informs me that they continued gradually to diminish in severity, until the last of Nov. when they ceased entirely, I saw her on the fifth of January 1856, she was in as good health apparently as I have ever seen her. During ^{ing} all of the attacks which I have witnessed in this case since May 1852, they were in every instance preceded by the same set of premonitory symptoms, the pain invariably commencing in the tumour above alluded to, which has enlarged considerably, during those attacks there is an

almost entire suspension of the secretions, she would go three and four days without ^{out,} discharging any urine, and yet there would be no accumulation in the bladder, and the introduction of the Catheter would not detect more than three or four ounces of urine in the bladder, and the strongest Cathartics would often fail to move the bowels during those attacks.

Treat Subdue Plethora, by venisection and other depletives, prevent or subdue irregular determinations of blood to the brain and spinal chord, by the use of Cupps, Counter irritation &c. a Soluble state of the bowels should be kept up by Cathartics, and every effort made to keep up healthy secretions of all the organs, the various Antispasmodics are recommended, they are in my opinion of little value in this disease, Quinine is strongly indicated in the periodic form, free exercise in the open air and a judicious diet during the intervals.