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# Hystero Epilepsy

During my twenty years practice in London, I have been consulted by a large number of Women, suffering from Hysteria in its various forms.

Since January 1846 I have noted three hundred and eighty Cases of Hysteria, at ages ranging from twelve to forty nine years, over two hundred of these have submitted to Abdominal & Vaginal Examination. In every patient I have <sup>found</sup> either, some uterine misplacement, version or flexion, or both combined, of this organ, - great tenderness in the Cervix Uteri - great tenderness on pressure applied external or internal over the ovaries, or severe pain during Menstruation.

The greater number of these patients were relieved, by some Antiphlogistic treatment, dilatation of the External or Internal OS uteri, some mechanical Appliances, or, in some cases, by all combined.

The great difference of opinion, between our gynaecological writers increase our difficulties in the pathology and treatment of hysterical Symptoms.

In addition to the Cases of Hysteria above enumerated, ten Cases, have come under my treatment of Convulsions, more or less severe, with hysterical Symptoms.

largely predominating. I purpose giving the history, symptoms - treatment, and future history of these latter cases, as I believe, they assist us to determine the vexed question of the mechanical or non mechanical, treatment, whether we are to discard all mechanical appliances as distorted bits of metal, wood, or Vulcanite and only harbours of dirt, in some cases causing the death of the woman, or on the other side, look upon some forms of mechanical appliances as necessary to assist in the cure, or give comfort to the patient.

According to Charcot, Hystero Epilepsy may be classed under the headings

- (a) Hystero Epilepsy with distinct crisis
- (b) Hystero Epilepsy with mixed crisis.

(a) Hystero Epilepsy with distinct crisis is the least common, and may be dismissed by saying that, it is that form in which the epileptic fit and the hysterical fit take place separately

6 Hystero Epilepsy with mixed crisis is the usual form met with, the hysterical and epileptic manifestation are here mixed up, there is no distinct interval between the two fits

The features of this mixed attack are

- (1) That it assumes its true character from the moment the attack begins
  - (2) There is always a hysterical aura of some kind which does not limit itself to the head alone
  - (3) The attack itself is evidenced by, a Cry, a loss of consciousness more or less complete, a fall, bodily and facial distortions, tonic rigidity, biting of the tongue, and finally the Clonic phase, hitherto there is nothing in the attack, which would not do for Epilepsy, but after the Clonic phase comes all the phenomena connected with Hysteria
  - (4) The attack may be prolonged for days, but unlike what obtains in the Status Epilepticus there is no rise of temperature
  - (5) The attacks are modified by Compression of the Ovaries, on the contrary they may be brought on by Compression of the Ovaries, and may be controlled by further Compression
  - (6) The attacks have no baneful effect upon the intellect,
- In fine we may distinguish in Hystero Epilepsy four periods, (1) an Epileptic period,

- (2) A period of Grand movements, such as the assumption of the body, of an arc of a circle this is sometimes called "Clonism"
- (3) passionate attitudes, such as gladness, Crying, laughing, sadness,
- (4) Consciousness

The literature of the Subject although very large, yet contains but few references to the contention in this Thesis

The Chief work on the Subject has been done by Charcot, Richer & Rosenthal, neither of these however specifically mention that the disease is due to flexions of the uterus, or is cured by their repositions,

all writers admit that the disease is associated with the Sexual & Nervous Systems, on looking over the literature Graily Hewitt and Bateman may be mentioned as having actually contended that Hysterical Epilepsy is due to malposition of the uterus, and that it may be cured by attending to the treatment of this condition.

By far the most important communication on this subject is that of Graily Hewitt, who in a lecture in the Lancet-1875, drew attention to

the Subject. This writer gave instances of cases of Hyster. Epilepsy in which the uterus was found to be Antiflexed and insisted that the attacks ceased when the malposition was rectified by the insertion of a Cradle pessary.

As to the Connection between Hyster. Epilepsy and Antiflexion, Hewitt was of opinion that the Antiflexion caused pressure upon the nerves and intimate tissues of the uterus, causing irritation, and so acting along the whole nervous system and setting up the Convulsion.

He however brought forward no evidence to bear out this hypothesis.

Balemann Cases throw no new light upon the subject.

These notes will be drawn entirely from the Table of Cases appended. (See Table)

Age In the ten Cases, varied from nineteen to thirty years, from what is known of this disease, this is in accordance with other observers, from fifteen to forty three years being the common period for Hyster. Epilepsy to develop, this is no more than one would expect, since these limits include a woman's sexually active life -

In these Cases Hysteria Epilepsy was more severe in accordance to the youth and the nearer the beginning of the Intellectual function, on looking down the Column only two Cases had reached thirty years

b. Marriage and Childbearing

of the ten cases, seven were single and three married the inference to be drawn from this heading is, that Hysteria Epilepsy is double as frequent in single women. Two of the Cases of the married women stated their Attacks commenced, subsequent to a Confinement.

c. Character of the attacks

All the Cases were typical of Hysteria Epilepsy as defined in the earlier part of this Thesis It is unnecessary to go into details as to the specific features, as two typical Cases will be given at length, later on. In all the Cases the attacks were dependent upon the Intellectual function, either coming in at the time, or preceding it - or following it. In two Cases a fall was put down as causing the attack.

d. Physical Condition of patient

This was generally exemplified by, Emaciation



Weakness, Cachexy &c but these were not more in evidence, than we would suppose it to be the case, on account of the pain and suffering the disease entails

§ In one case it was noted that pressure over the ovaries induced an attack.

2 Mental Condition, In all the cases, was emotional, nervous and irritable, showing a want of stability, and as one would expect, in many cases there were distinct attacks of hysteria.

3 Menstruation, in all the cases except one was regular, but attended in the majority of instances, with intense pain, either before, during or after the period

4. Condition of Uterus and Appendages

The uterus in five cases was	anteflexed
" " " three " "	retroflexed
" " " two " "	not displaced

one of the retro flexed cases was clearly due to a fibro myoma, in the posterior wall of the uterus. In the two cases where the uterus was not displaced there was in one, evidence of Endometritis, and in one, stricture of the os uteri - in many cases there was Vaginitis and great tenderness,

The most severe attacks were in those cases who were suffering from Anteversion

Duration of attacks, before treatment, as a rule from one to four years.

### Treatment

Roughly speaking, consisted in,

- (1) Straightening of the uterus by the Sound
- (2) By the introduction of a pessary
- (3) Treatment of the inflammation
- (4) Dilatation or incision of the os uteri
  - (a) In all the cases of flexion it was necessary to introduce an uterine Sound, before the introduction of a pessary, as it was impossible to straighten the uterus by posture, or bimanually, sufficiently to receive the full benefit from the support.
  - (b) In the cases suffering from Anteversion a Cradle pessary was introduced in 4.  
Incision of the os uteri and introduction of a Stern pessary in another case
  - (c) Of the three cases of Retroflexion, two were treated with a Hodge vulcanite pessary and one with a Fowler pessary, the uterus could not be kept in position by a Hodge
  - (d) The inflammation in the vagina, the Cellulitis

and ovaritis were treated according to the usual methods, viz. depletion by artificial leeching or scarification, hot injections, glycerine pads and the Tecombeut posture,

(5) In one case the os uteri external & internal were incised, an ordinary long handled tenotomy knife being used and subsequent gradual dilatation

(7) In all the cases the immediate effect of the treatment was most marked, almost instant benefit being obtained, by keeping the uterus in the normal position, the pain at the menstrual period, being very much relieved if not absent at the period following the introduction of a pessary.

The greater number of these cases have been under my notice during these years, without any return of the symptoms of Hysteria Epilepsy and in no instance was the cure due to the approach of the menopause, with one exception all these cases are still menstruating and the cure ranges from 10 to 17 years.

(9) In all the usual cases of Hysteria which it was my privilege to examine

I was able to detect, some Vaginal-uterine or Ovarian Congestion, or malposition of the uterus or ovaries.

### General Conclusions

I believe these two cases show Gailz Hewitz, Contenton to be true, namely, that Hysteria Epilepsy is due to some uterine flexion, or some abnormal uterine function, and is curable, by ordinary surgical principles, and that Charcot, Nichol, Rosenthal and others were at fault in considering this condition due to Ovarian Congestion alone.

These Convulsions were actually cured, when the flexed, or congested uterus, was so treated, as to remove or diminish the Compression existing at the seat of flexion.

Case I A. B. - age 20 - Single -

on June the 10<sup>th</sup> 1846, I was asked to see this lady who was suffering from daily attacks of Hysteria. She is an emaciated - pale faced, Cachectic looking woman dark hair, and has suffered from a spinal Curvature since six years of age - Commenced to menstruate

When 10 years of age, and has been addicted to  
masturbation, since soon after menstruation  
commenced. The daily attacks of Hysteria not  
improving under the prescribed treatment, Dr. P.  
Reynolds, was consulted, who recommended Emu-  
Cainic to be applied to the Clitoris, this lessened  
the attacks for a few months, up to March 1877, when  
she was seized with a sharp attack of fever, with  
purpuric spots, over the trunk and upper & lower  
extremities, temperature reaching as high as 106.4.

Over the back and posterior aspect of the legs, the spots  
merged into each other, forming patches the size of a  
five-shilling piece, containing a Sanious fluid,  
the Ankles, Knees & wrist joints, were much swollen  
and very painful, the fluid in the joints was app-  
arently of the same character as that in the blebs.  
Under tonic treatment, recovery was gradual.

In Feb 1878 a second attack similar to the one already  
described, came on, the blebs were about the size of a  
shilling with blood contents, forming hard, scabs, and  
the surrounding tissue became of a deep yellow colour  
An eminent Surgeon & Dermatologist, whom we next con-  
sulted, considered these eruptions to be Syphilitic,  
which opinion was modified, on a second visit

and declared to be due to Potassium Bromide, this drug had not been administered for over two years, a few nights after this, without any preliminary symptoms, she was seized with Convulsions, on my arrival I found her unconscious, with the body & limbs distorted in the most extraordinary manner, the head rotated, chin resting on the right shoulder, the right leg firmly flexed over the left, the right angle of the mouth drawn up & much elongated, a frothy mucous tinged with blood oozing from the mouth, and a constant movement of the lips, Chloroform was administered, and she passed into a sound sleep lasting four hours, and awoke unconscious of what had taken place,

About this time the menstrual function became somewhat irregular, complaining of severe pains in the pelvis, aggravated at her menstrual period, great bearing down and much pain on sitting.

Three months after the first Convulsive attack, she fell down in a fit, on my arrival a few minutes later, I found her unconscious, struggling, and convulsive movements of arms & legs - the body arched head twisted to the right, lips blue, frothy mucous tinged with blood oozing from mouth, passing urine.

at intervals during the strapping, No Corneal Reflex, this state continued for half an hour, when she gave a loud scream and awoke, and almost immediately passed into one of her usual hysterical attacks, Vaginal Examination, revealed, intense vaginitis, Great tenderness on pressure over both ovaries, uterus Antverted & flexed, lying horizontal to the pelvic outlet, os uteri against anterior rectal wall, fundus behind Symphysis pubis,

The uterine Sound was introduced with some difficulty and the uterus straightened, and a small spring pessary introduced - A third Convulsive attack came on nine days after the pessary was introduced but much less severe, altho the pain during the Menstrual period was great. Rest in the recumbent posture, hot vaginal douches, local sedative applications and later, the introduction of a Vulcauti Cradle pessary, had the most beneficial effect, and there was no return of the Convulsions until Oct 1879, when on a visit to a relative in the Country it was considered advisable to remove the support on Oct 10<sup>th</sup>, During the night of the 14<sup>th</sup> October she had another Convulsion, but much less severe, The pessary was introduced the following day, and

and worn continuously until Sept 1884, with no inconvenience & no return of the Convulsions

note January 1895

This patient has been under notice, until the present time, now in her 40<sup>th</sup> year, menstruating regularly in fairly good health, and has been quite free from any Convulsive attacks for 16 years. - at intervals during this period. I have made vaginal examinations and found the uterus in a normal position,

Case II M. Allen. Age 26 years. Married, three children, called to Mrs A. Oct 4<sup>th</sup> 1877. She was in a Convulsion having all the symptoms of Epilepsy and has been in this state continuously thirteen hours. This condition continued for half an hour after my arrival, when she became conscious - a few minutes after consciousness had returned, she gave one prolonged loud shriek and again became quite unconscious. This also passed off. It was followed by another, with prolonged unconsciousness, pulse 140, respirations prolonged; inspiration short, blowing sound & distention of the cheeks, eyes turned upward; but no corneal reflex. Left angle of mouth drawn up to left ear. head rotated to left shoulder, left arm firmly



flexed behind the dorsum, which was arched. Right  
leg twisted over the left thigh, face was pale at first  
lips blue. Breathing stertorous, the lips gradually  
became of a normal pink colour, the face then  
became very flushed, & the attack slowly passed  
away - to be followed by another in a few minutes,  
Chloroform was administered, when she slept for  
six hours. passing into another Convulsion on  
awakening, under Chloroform I made a  
Vaginal Examination, and found some Vaginitis,  
and the uterus retroverted & retroflexed, fundus  
utero almost as low as the Splunculus Ani,  
internal sound passed 4 inches, I antverted  
the uterus, and introduced a Retroversion Hodge  
pessary

Oct 5: patient has been comfortable and has not  
had any fits since yesterday -  
Her last child was born two years ago, she has  
had hysterical attacks at the menstrual periods,  
and for some months, has suffered from attacks as  
above described, sometimes as many as 20 in  
24 hours, menstruation regular, but suffers  
great pain and sickness, during the period,  
bearing down pains, & intense, if carrying any

heavy weight. also in back & Groins, followed by a sudden pain in the head, & she remembers nothing further, until the attack has passed off, the Convulsions Come on at the menstrual period or immediately afterwards

Case 8: Mrs A. Seized with a similar attack, on vaginal Examination found the pessary displaced and retroversion of flexion again present.

introduced a larger support, No return of the fits until November 6<sup>th</sup>. when the pessary was again displaced, introduced a full sized Fowler's board shaped instrument, There has been no return of the Convulsions, Mrs A went to America in 1884 in excellent health,

In 1894 her husband called upon me and stated his wife had worn the instrument two years after going to America, had no return of Convulsion - menstruating regularly, free from pain - & was in good health. - No further pregnancies -

These two cases were typical of the others, and to keep this Thesis within reasonable limits I append a table of the whole ten cases.