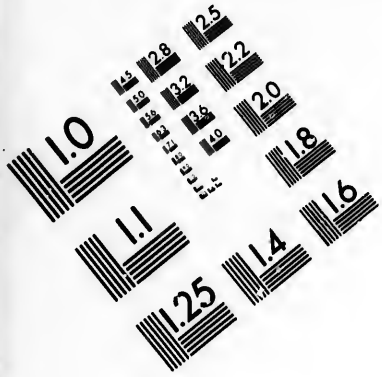

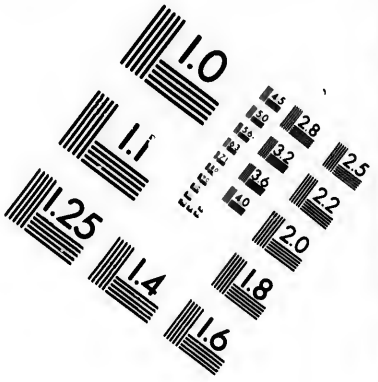

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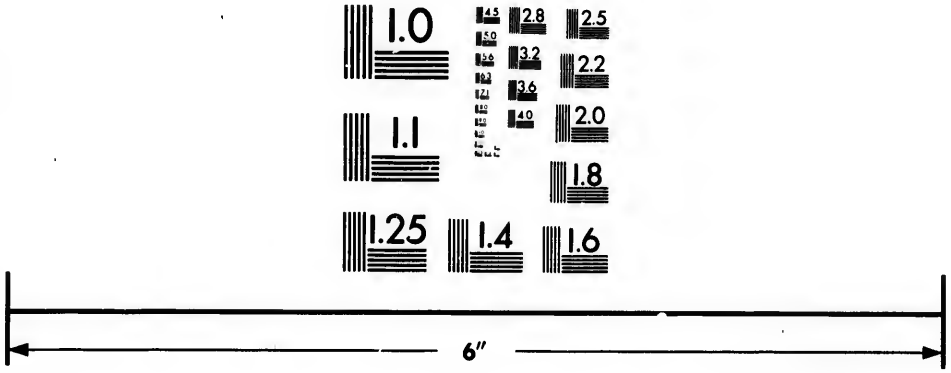

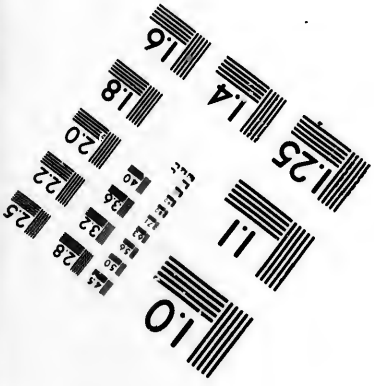

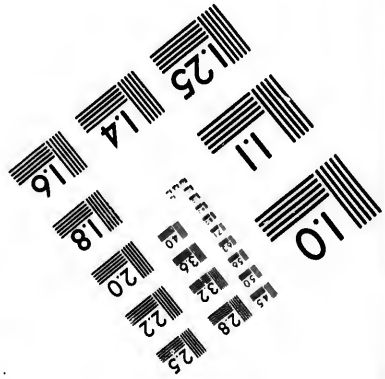

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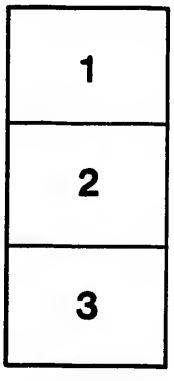

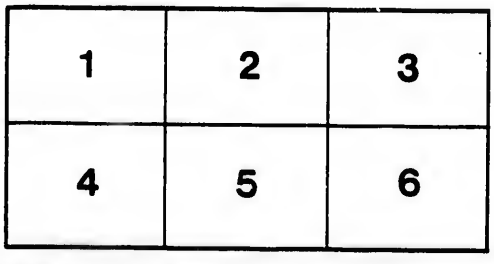

A PECULIAR FORM OF FAMILY "TIC CONVULSIF" WITH NOCTURNAL EXACERBATIONS AND EPILEPTIC ATTACKS.

BY

F. G. FINLEY, M.D.,

Assistant Professor of Medicine and Associate Professor of Clinical Medicine, McGill University; Physician to the Montreal General Hospital.

(*Reprinted from the Montreal Medical Journal, March*, 1897.)

A PECULIAR FORM OF FAMILY "TIC CONVULSIF" WITH NOCTURNAL EXACERBATIONS AND EPILEPTIC ATTACKS.[1]

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The two following cases occurred in brothers and are recorded as presenting some unusual features:

Case 1. Jean Degan, aged 23, a French Canadian, was admitted to the Montreal General Hospital for twitching movements in the hands in December, 1896.

Family History. The patient's mother states that she suffered from chorea in childhood. She also gives an indefinite history of insanity previous to the patient's birth. A maternal uncle is affected by "nervousness" manifesting itself by following out any sudden order; if told to "strike" or "to drop" anything he does so at once. A brother (case II) is affected in a somewhat similar way to the patient, and all the members of the family appear dull and somewhat stupid.

The patient's birth was normal, not requiring forceps. He suffered from measles at 12 years of age. Although he attended school for four years he is quite illiterate.

Previous to the onset of the convulsive movements, was affected in a similar way to his uncle, and if given any sudden command was obliged to carry it out. On one occasion he rendered a little girl insensible by a blow on the chest at the suggestion of a mischievous individual.

His present trouble came on six years ago. On returning from the lumber camp his friends noticed that his arms and hands were affected with shaking movements.

In June, 1894, he had a fit, and during the present year there have been three similar seizures. The attacks are preceded by irritability, indistinctness in speech and dulness of hearing. They are marked by sudden rigidity of the body, lasting several minutes, but not accompanied by biting of the tongue, involuntary micturition, or cyanosis. One attack occurred at night in bed. The twitching movements are much diminished for several days following a fit.

[1] Read before the Montreal Medico-Chirurgical Society, January 15th, 1897.

Present Condition. The patient is dull and stupid. He speaks intelligibly but it is impossible to obtain a clear account of his illness from him. He is of good muscular development, 5 ft. 4 in. tall. Every few seconds a single twitching movement of one or other side of the mouth or a similar single contraction of the fingers of one or other hand is observed. The movements are slight in degree and are apparently unaffected by his attention being drawn to them.

In addition to these twitching movements, marked jerking incoordinate clonic movements are induced in attempting to perform any action. In attempting to pick up a piece of paper, he hovers over it for a few seconds, his hand swaying to and fro, and then suddenly pounces down and picks it up with a grasping, clumsy movement. When asked to button his shirt, these movements are often so marked that it is impossible for him to do so. They vary, however, considerably in intensity from day to day. He can convey a cup of water to his lips, occasionally, however, spilling a little from twitching of the hand. In attempting to touch the fore-fingers together, the twitching becomes so marked that he usually fails to do so.

During sleep both the twitching and the jerking incöordinate movements continue, and are, indeed, much increased. He is also restless when sleeping and throws himself quickly from side to side of the bed. He occasionally utters a guttural, grunting sound when asleep, but has had no evidence of echolalia or coprolalia during his waking hours.

The motor power tested by the dynomometer shows there is slight diminution, 20 to 22, instead of 25 to 30. Sensation is unaffected. The knee jerks are increased. The pupils react well to light and accommodation. The optic disc is normal and there is no nystagmus.

There is some deafness in both ears, the watch being heard at three inches only. Dr. J. J. Gardner reports a double chronic catarrhal otitis media.

There is an eruption of scabies on the skin and evidence of a small quantity of fluid in the left pleura; a small encysted collection of fluid is present in front of the left side of the chest, displacing the apex impulse upward to the third space in the anterior axillary line. A trace of albumen was present in the urine during a stay of some weeks in the hospital, but no casts.

On January 18th, at night, he had several convulsive attacks, described by Dr. Ewan, who witnessed them, as follows: The onset is marked by clonic spasmodic flexion or extension of one or more fingers of one or both hands, followed by flexion or extension of the wrists, jerking forward of the shoulders, and, lastly, a general clonic

spasm of the muscles of the trunk and legs; the back became slightly arched. These attacks shook the bed, and were followed by twitching of the mouth and closing of the eyes. Later on in the night he had three attacks, in which the arms were thrown wildly about and pounded on the bed or table. The eyes remained open and staring and the jaw closed; the extremities were somewhat stiff. There was slight flushing of the face, followed by pallor, but no incontinence of urine or biting of the tongue. The attacks lasted about half an hour and were accompanied by sounds like the yelping of a dog.

Case II.—Alex. Degan, æt. 20, first noticed shaking of the hands five or six years after an attack of inflammation of the lungs. Some months later he began to suffer from fits, the first coming on when being teased and tickled. These fits are chiefly nocturnal and occur with varying frequency at intervals of a week, or, again, of a month.

During the fits he loses consciousness, froths at the mouth, passes urine and once bit his tongue.

Present Condition. Intellectually he is brighter than his brother. but is also somewhat dull. When at rest, there is no motor affection, The twitching movements in the hands and face, noticed in the brother, are here absent when awake, but he presents precisely similar jerky and incöordinate movements on attempting any action, such as buttoning his clothes. During sleep, however, the twitching movements have been observed on a few occasions.

The tongue presents distinct jerky and tremulous movements. Owing to this, the speech is somewhat indistinct, but not syllabic.

The motor power and sensation are normal. The knee jerks are diminished and brought out with difficulty. The special senses are normal. There is no nystagmus and no albumen in the urine.

The diagnosis of tic is based in the first case on the characteristic twitching movements in the face and hands. In the second, these movements are much less pronounced, and were only observed when carefully watched for and at night. The movements present in both cases are of two forms, the one consisting of twitching movements in the face and hands, occuring when at rest at intervals of a few seconds; the second form is brought out by action and marked by jerking and incöordinate movements, which continue as long as the action is kept up. The diagnosis of tic is based on the former, although in the second case these movements were so slight as to be almost passed unnoticed.

The similarity of the second form of movement, jerky and incöordinate, was so marked in both cases as to at once suggest the identical character of the disease.

Another feature of tic observed in the first case was the history given of being obliged to follow out any quick command, and it is interesting to note that a similar condition existed in a maternal uncle.

The exacerbation of the movements during sleep was well marked in both cases, and both the single clonic movements like tic and the incöordinate irregular movements were then seen to best advantage It is very generally recognized that the movements of tic and other spasmodic affections are lessened or absent during sleep, and although cases are recorded in which they continue, yet this is so unusual as to throw some doubt on the diagnosis.

It is now pretty generally admitted that tic and the allied condition of para-myoclonus are manifestations of the neuropathic subjects, and a few instances are recorded in which several members of a family have been so affected. Unverricht for instance records a family in which a brother and four sisters were affected with para-myoclonus (*Die Myoklonie, Wien* 1891) and Earald also refers to a somewhat similar incidence (*Berl. Klin Woch.* 1883, *M.* 51). In Unverricht's family the children suffered from epileptic attacks in early life. These gradually lessened in frequency and disappeared and later on the spasmodic movements came on.

In both the above cases the epileptic attacks followed the onset of the convulsive movements, and in view of the neurotic family history may be looked upon as expressions of heriditary nervous degeneration.

Although these cases are classified as "Tic," the features of this disease are quite subordinate to the other symptoms. In the first case the clonic movements about the face and hands are sufficiently characteristic, but in the second, they were only observed during sleep and when specially looked for. As Raymond remarks (*Clinique des Maladies du Système Nerveux, Paris*, 1896), numerous cases of tic occur in which the symptoms do not conform to any well defined type. Both the above cases are typical in the irregular movements occurring on movement, in the increase of the clonic movements during sleep and in the occurrence of epileptic seizures.