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## Original Articles

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### PARANOID MANIA

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Paranoid reactions are sufficiently common in the depressed phases of manic depressive psychosis to be well recognized as distinctive problems in differential diagnosis. When one sees a patient showing depression, hallucinations, and persecutory delusions, the differentiation of manic depressive psychosis, alcoholic hallucinosis, and dementia præcox or a paranoic state is very difficult, and calls for the utmost exactitude in history and examination. While not matters of everyday experience, such states are encountered frequently enough to be within the purview of all.

On the other hand, well-developed paranoid states in association with the manic phases of manic depressive psychosis are rare—so rare indeed that only three typical cases have been seen in three years at this department. I am not referring to the frequently occurring, mildly paranoid attitude of the hypomanic, a compound of egoism, irritability and excitement, and giving rise to outbursts against those who detain the patient, or who, it is fancied, slight them. Such conditions are indeed very common, and represent the effects of the patient's lack of insight at the time. Occasionally, too, violent hatreds engendered during the period of active psychosis are carried over into the period of recovery; but since hatred has not yet ceased to be a part of human emotional equipment, this is not to be regarded as distinctly abnormal. Nor do I refer to cases having a definite paranoid psychosis with outbursts of ex-

citement from time to time based on their hallucinations and delusions.

Instead, this paper is concerned with those cases in which from the outset of the psychosis delusion formation with egocentripital trend is a prominent, indeed often dominant symptom; but associated with fairly characteristic signs of hypomania; running a typical course of manic depressive psychosis with recovery and good insight, and in two of the cases here reported, showing other attacks of depression without in the latter phase paranoid ideas. Aside from their psychopathological interest, such cases strikingly demonstrate the importance of a careful study of the patient's entire life if we are to understand his psychosis.

CASE I. An Irishman, aged fifty-three, was admitted to this hospital on February 4, 1917. He had gone to a general hospital complaining of sensations in the legs as of a small snake creeping in the muscles. He believed that the men where he worked had leagued against him to injure him because he would not drink with them.

*History.*—One maternal aunt and a brother of the patient were insane. The brother had "religious insanity" and died in an insane asylum. The patient was always jovial, good natured, generous, and moderately religious. He was not a great drinker, although he reacted abnormally to liquors. He was a section foreman on railroad work. Married, with four normal children. In 1916, about a year before admission, the patient began to show some delusions of a religious nature. He heard the voice of the Triune; heard his mother call him; felt dizzy and creepy, prayed and cried. At first he was cared for at home by his daughter, but would not take the medicine prescribed by the doctor; became excited and screeched. It was necessary to commit him and he remained about six weeks in one of the state hospitals, seeming perfectly normal when released. He had returned to his work and had got on well until about a week before coming here, when the creeping sensations began. At this time he was also troubled with insomnia.

*Examination.*—Physical Status: Well developed, well nourished, moderate arteriosclerosis. Blood pressure systolic, 165; diastolic, 110. Pupils and reflexes normal. Cutaneous sensibility normal except for slight paresthesia.

*Mental Examination.*—Patient was clearly oriented, with good memory, extremely circumstantial in his talk without any flight of ideas. Very religious at the time. The history was told in very dramatic fashion with minute details and exact dates. At the time of this examination he did not have hallucinations, although he gave a history of previous hallucinations. He was very bitter against his daughter,

believing that she had tried to harm him when he was ill before, and laid his illness to the persecutions of a gang of men who were out to get rid of him. He had no insight. During the first two days, his conduct was good. On the third day he assumed an attitude of prayer which he maintained for over half an hour, resisting all efforts to move him, and refusing to answer questions. On the sixth night the patient became hallucinated, believed that one of the patients was talking about him and attacked the patient. During the next several days he had frequent, sudden, apparently impulsive outbreaks when he would dash blindly in which ever direction he happened to be facing, bowling over any one who was in the way. During all of this time he was quite egoistic, rather exalted, but of fairly normal range of activity.

*Subsequent History.*—He was committed to a state hospital, remained there for six weeks, and was then released on visit. On March 19, 1919, he was returned to us by the police, who found him acting peculiarly in a railway station. The day before admission he heard that his son's regiment was coming home. He composed a poem and an address of welcome, and came to town to arrange the details of the reception. He thought the people on the street acted in a peculiar manner as he walked along. He said they stood back from him and left a space for him to pass through. He thinks this was all very mysterious, and he found that he was followed by a group of people. He did not know who they were; did not believe they were going to harm him. When coming in on the train he noticed that any workmen who saw him, immediately dropped their tools, and acted as if they were going to take the next train to town. At this time he showed no more phenomena of manic depressive psychosis than a mild elation and overactivity. He was again committed and after about six weeks' residence returned home, where he now is.

It will be noticed that the general paranoid attitude in this patient was rather mild. Nevertheless, there are some delusions of persecution on the part of a gang and on the part of his daughter which are very well expressed while he suffers from the attack, together with definite ideas of reference and hallucinations. In the intervals his personality seems to be entirely normal, and he seems to be without such ideas, and he has indeed good insight.

CASE II. A woman aged fifty-two was admitted to the hospital on October 26, 1917, having been arrested on a warrant as an alleged insane person. The warrant stated that at least three times the patient had attempted to harm another young woman; that the patient procured discharge of this young woman, and she had one man arrested for trespass and another for assault and battery; that she had written letters derogatory to the character of this woman.

The patient stated that some weeks previously a man and woman had rented rooms from her. She discovered immoral relations between them and ordered them out. She stated that she had been a detective for twenty years and had handled many cases of note. She was very dignified, haughty, and overcourteous, supercilious, and condescending. She regarded the examiner as impertinent and stupid. She was egoistic and superlative in her talk. Her memory was unimpaired. She said she was a college graduate. She said she was employed as a detective by the United States Steel Company and later by Harry Thaw, helping to connive at his escape. She made many contradictory statements, asserting that she had great abilities which she could not demonstrate, and when these statements were brought to her attention was very elusive in her explanations. She regarded herself as a victim of a persecutory plot which had been in operation against her very much all of her life. There were marked delusions of grandeur and a persecutory trend. All of her friends were very intimate friends. She knew all of the influential people in America. The people whom she did not like were all devils.

*History.*—The patient was born in Maine, of American parents. It was difficult to find any one who knew of her family history or early life. One brother died in a state hospital; cause of psychosis unknown. The patient was married at the age of nineteen; had one child now living, and one miscarriage. At thirty-two she suffered a "profound prostration" for six weeks and was later in a state hospital for eleven months. At thirty-three her husband divorced her. Following that she made some business ventures which failed due, she stated, to the faults of her partners. In this period the evidence indicates that she was sexually promiscuous. In 1905 she married again and in 1909 was sent to a state hospital. She declared that she was railroaded there on the charge of using drugs. In 1911 her husband divorced her on grounds of adultery. She stated that this was really not true and that he still loved her, but, as she no longer loved him and desired to marry another man, this ground was chosen so she would not have to wait three years for the divorce. In 1912 she married a man thirteen years her junior, to whom she is still married, although they have not lived together for a number of years.

Abstract report from the state hospital to which she went in 1897 states that there had been a depression and attempted suicide, and at the time of admission there was elation, excitement, ideas of persecution, and a grandiose trend. She asserted that she had been abused, indecently treated by her husband, and finally railroaded by him. She was very troublesome and deceitful while in the hospital. After eleven months was discharged, improved. In July, 1908, she began to have delusions that certain people were defaming her character and wanted to sue them. She had her sister arrested on a charge of adultery, and

when the case was thrown out of court wanted to impeach the judges. She was committed October 13, 1908, at which time she was suspicious, had delusions of persecution, blamed other persons for all of her troubles, was self-confident, egoistic, and attempted to impress other people with her great importance and great virtue. In the hospital she was continually in trouble, presented a delusional falsification of her past, pretending to be a college graduate, and a person of considerable note with many influential friends. Although proved immoral, she denied it and accused others of her own misdeeds. A diagnosis of "litigious insanity" was made, as she was involved in many law suits at that time. Six months later she was discharged with a diagnosis of manic depressive psychosis. Three months after her discharge a depression of short duration developed.

She seems then to have been normal until the summer of 1917, when overactivity on a large scale began. She was at that time running a lodging house and, with practically no capital, rented three additional houses which she intended to furnish and let to individual roomers. However, the margin between her promises as to furniture, etc., and her actual performance was so great that her roomers would not stay. She was very effusive to every one when she first met them, but as soon as she was crossed or contradicted in any way, or her attention drawn to her delinquencies in fulfilling her promises, she at once turned against them, and included every one with her persecutors. She accused all the young women of immorality, became involved in a number of law suits, some brought by herself and some brought by others, became convinced that people were defaming her character, trespassing, stealing from her and trying to injure her in other ways, though the truth was that she was the offender in most instances. Her affairs finally became so involved that she was sent here for observation.

*Examination.*—Physical Status: Teeth artificial. Heart, lungs, and abdomen negative. Blood pressure, systolic 200; diastolic 108. Neurological: Normal.

*Mental Examination.*—The patient was alert, suspicious, haughty, domineering, supercilious, over-active and circumstantial. She was correctly oriented and able to give in minute detail her view of all the recent happenings in which she was involved, but her memory was distinctly defective for the events in her early life. She accused many people of wrongdoing and of mistreating her, regarded herself as persecuted, and in this hospital as a result of a plot. Every one was either her dearest friend or her most bitter enemy. She was quite grandiose, retailing her marvelous connections to any and all who passed. She wrote numerous letters, etc., very loving or quite scurrilous. Her conduct was good except that her talkativeness, and letter writing in the attempt to put her case before every one, made considerable trouble. She told her story freely to any one at all who would listen.

*Further Course.*—She was committed as insane. At the end of three months had become depressed and attempted suicide. Six months later she recovered and was out on visit doing well.

The patient seems always to have been a rather difficult person, alert, energetic and intelligent, though poorly controlled in her social relations. When first seen here, her hostile attitude, multitude of charges against others, grandiosity, and ideas of reference all indicated the presence of a paranoid condition. However, the definite history of attacks from which she recovered, both of depression and of elation, and in the elated phases the definite persecutory trend of all her ideas together with her good insight in the intervals between attacks, all tend to confirm the diagnosis of manic depressive psychosis.

CASE III. An intelligent man, aged forty-five, of good social position, was brought to the hospital August 24, 1917, by agents of the Department of Justice with the statement that "he has had delusions regarding the affairs of state and nation for a number of years. Lately he has been sending telegrams to the President and other high officials denouncing men and corporations for carrying on questionable business enterprises."

When first seen the patient gave a definite impression of a paranoid psychosis. He expressed many ideas that seemed to be delusional with reference to the relations of the large financial interests to the government of the country. He did not regard himself as a prophet or as one having a great mission, but believed that he was aware of conditions which the American people in general should know about. In his attempt to awaken the people he issued a series of publications at his own expense, utilizing the various cartoons which had appeared in the papers, together with virulent attacks on those in charge of the Government at the time. The first publication in the series was issued in September, 1916. It involved a comparison of various persons in the government with the parts assigned in Shakespeare's *Hamlet*, which was very interesting indeed. There were then issued a series running over into 1917, together with a large number of letters and telegrams attacking the President, Secretary of the Treasury, and various congressmen. A delusional trend is evident in all of these. They came in two distinct series. The first was at the time of the presidential election in the Fall of 1916; the second at about the time that the United States entered the war in 1917. He objected strenuously to the appointment of certain men with German names to high boards. He armed himself with a revolver and a knife in order that he could protect his family from the anticipated German invasion, and it was feared that he would use the revolver in other ways.

On examination he was alert, active, giving a very detailed account of all of his difficulties. He believed that the Germans had an agree-

ment with certain large bankers in this country; that the rest of the country was afraid of New England; that the German interests controlled the Secret Service; that large pro-German activities in this country were in some way directed against him, and he had set himself up as the apostle of light in this country.

*Physical Examination.*—Entirely negative.

*History.*—The patient's father committed suicide at sixty-four by drowning. At the age of thirty-eight he had been adjudged guilty of misappropriating funds, and sent to prison for two years. He was then at home; was very much excited. At the age of forty-three was committed to a state hospital where he remained until his suicidal death. He had ideas of persecution, and fancied that it was his mission to set the world right. He had some unusual religious ideas; was arbitrary, arrogant, and after some years in the hospital took a violent dislike to the institution and the people who cared for him. He continued to express some delusions and to attempt to control the hospital environment during his life. An older brother of the patient had an attack of depression at twenty-seven, and at forty-four he became excited and started some litigation, and then became depressed and had a feeling of inadequacy; recovered in three months and has since been entirely well. The patient is a graduate of the Institute of Technology, always sociable, democratic, optimistic, honest, intense, a persistent worker, altruistic, fond of out door sports. He had been very successful in his past work, employed first in the telephone company, later by an electrical manufacturing house, and still later as a bond salesman. At the present time he is a private banker. In all of these positions he has been very successful. In 1909 he had a definite period of excitement when involved in the analysis of the affairs of the company in which he had invested some money, and in which he was convinced that the financial interests were perpetrating a steal. He overworked for a considerable period, following which he had a short depression. His first mental difficulty occurred in 1902 when he was mildly depressed for a short period but soon recovered. He showed intense excitement in preparation for the litigation previously mentioned in 1914. His next attack was in 1916 at the time of the presidential election from which he apparently recovered, since he showed no further excitement when the election was settled. Being intensely patriotic he attended two Plattsburg Camps, but was not accepted for the Army because he was over age. In the latter part of the summer of 1917 he began to dress peculiarly, carried a loaded revolver as before stated, so as to protect his home from anticipated attacks by the Germans. He sent many telegrams and letters and went to the Attorney General's office carrying a revolver and a knife, trying to interest the Attorney General in preparing for German aggression. At this time he was quite excited, and became somewhat more so, although at no time did he give evidence of hallucinations, memory disturbance, or deterioration.

*Further Course.*—The first diagnosis made was paranoid condition, soon changed to manic depressive, hypomanic. He was induced to go voluntarily to an institution for the insane, thus avoiding commitment; spent six weeks there, and made a good recovery, and since that time has been engaged in business in Boston without any diminution of energy or intelligence.

The diagnosis in this case was somewhat difficult, as he was known to entertain ideas for a number of years which at least bordered on the line of delusions. However, these had a considerable basis in fact, and were not, in our opinion, unwarranted delusions from things which the patient knew. They apparently caused him no trouble and gave rise to no social difficulties except in his psychotic episodes when he bombarded his enemies with what he called torpedoes, and when he became, indeed, very troublesome. The father's history would lead one to expect a delusional trend in the patient and possibly a delusional psychosis, but the definite history of previous depression and excitement, followed by recovery, in the patient, and the definite history of depression and excitement with recovery in the brother, the excitement taking the form of litigation, is enough to substantiate the diagnosis of manic depressive psychosis.

Two of the three cases here reported fall into the group of querulants or litigants, but only so in definite episodes. The recent books on psychiatry hardly mention such a group, except incidentally. Kraepelin and Tanzi both speak of the periodic occurrence of such states, the former associating them with constitutional mania. The rarity of such cases indicates the necessity of very careful psychopathological study of all such cases when they are encountered.

The other case is not of this type, but of a type which is not so frequent now that we no longer speak of religious mania but instead classify the cases according to the modern groupings. In the psychotic episodes there are religious delusions and hallucinations associated with the ideas of persecution. Probably such cases are more frequent than we realize because, on account of our present methods of classification, there is no way of keeping them separated.