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PART I. ORIGINAL COMMUNICATIONS.

ART. VIII.—*Recent Mania: Its Cause and Treatment.*^a By
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THE name "Recent Mania," I must explain, is the new name applied to acute mania by the Lunacy Commissioners in England in their new classification of mental diseases, they having made three groups of mania—namely, recent, recurrent, and chronic.

It is my intention in this thesis to state briefly what in my opinion is the cause of most cases of recent mania and the treatment I have used in nearly all of them, and from the results I have got I feel justified in doing so. In defining recent mania I take Clouston's definition, as it gives some insight into what it was in the older days.

The raving madness of the older authors or acute mania is perhaps the type of all insanity, both in the popular and professional mind. Being the least rational, least conscious, most noisy, most unmanageable, and sometimes the most dangerous variety of mental disease, it affected the conceptions and the treatment of all other varieties in a most unfavourable way. In it many patients had no more reasoning

^a A Thesis read for the Degree of Doctor of Medicine in the University of Dublin, July, 1908.

power than a wild beast, and all persons concluded to be insane—the conception of insanity was then a much narrower one, embracing much fewer persons—were accordingly treated by manacles and chains, stripes and darkness. This gives us a fair idea what great changes have taken place since that day in the treatment of insane patients.^a

Some authorities state that mania is of rare occurrence. Kraepelin does not describe an acute mania, but he describes much the same condition under the title “maniac depressive insanity.” In doing this he takes melancholia and mania as graduations of the one disease. But in my experience I hold that the true acute mania does not ever show any signs of melancholia.^b

Taalmann states that mania is a rare condition, as out of 105 cases admitted to him as mania he was satisfied that only four of them were pure mania. Hinrichsen states that 4.7 per cent. represents all the cases of mania he has seen.

My own experience is that recent mania constitutes about 50 per cent. to 60 per cent. of our admissions. It may occur at any period of life, but in the vast majority of cases it is a disease of adolescence or early adult life. In it the patient is confused; he is in a state of delirious excitement in which he is wholly or partially unconscious of the environment. It is a condition which, if not recovered from, is liable to pass into a chronic state of excitement, and, still later, tends to pass into a delusional condition in which he is restless and at times noisy. Finally, it passes into dementia.

In discussing the cause I may say that I consider many of the earlier workers in the specialty have been constantly drawn along the path of morbid psychology, when, as a matter of fact, they should have been devoting all their attentions to physical symptoms. Some affirm that the mind influences the body; which statement, if followed to its logical conclusion, means that the mind is something apart and distinct from the body. If this were true, then mental disease must, indeed, be a thing apart from general

^a Clouston. *Mental Diseases*.

^b Bianchi (Macdonald). *Text Book of Psychiatry*.

medicine, for it would not be concerned with bodily functions. Such a conclusion, to my mind, is altogether wrong.

The cause of recent mania, I hold, is physical, and such things as love affairs or religious excitement, which are held by the popular mind, have nothing to say to the cause. Emotionalism is a sign of an unstable brain, and becomes a symptom of mania after it shows itself. Alcohol, I consider, is also more often a symptom of a weak mind than a cause of insanity. Mania does not arise *de novo* as a result of a defective brain pure and simple, as however defective any organ of the human body may be that organ never originates disease *per se*; there must be a cause for the onset of disease.^a This, I hold also, applies to the brain.

Hereditary predisposition, I hold, is the primary cause of recent mania, although only in about 40 per cent. of cases do we get the history direct, but, no doubt, many times the denial is through ignorance. I may state that a person never inherits actual mental disease from his parents, but only a defect of constitution, which renders the most highly organised portions of his nervous system liable to attacks of disordered function from causes which would not affect a person of sound constitution. Also alcoholism, tubercular disease, extreme nervous disease, criminality, hysteria, inequality in mental development—such as extreme brilliancy in one direction combined with deficiencies in others—weakness of the body against toxic and bacterial invasions, produce in my opinion a hereditary predisposition as bad as if one of the parents were insane. Therefore, I hold that in all cases you have the taint, although friends will always deny it, but in many cases I have learned much in an interview with the friends of a patient. You may find them nervous themselves or emotional, therefore I believe you may argue the taint is there.

Now as to what starts the attack. This, I hold, is due to an auto-intoxication from the intestinal tract. Of the cases that have come under my care, although a patient seldom owns he is bad, on examining, in all cases you find the blood pressure is very much lower than normal, the bowels are in

^aBruce. Journal of Mental Science. Vol. LIV., No. 225.

the majority of cases irregular in action, and in fact there is a general febrile condition. I will now endeavour to support this view by giving examples of some of the cases that have been, and are at present, under my care at the West Riding Asylum, Kirkburton.

CASE I.—D. C., aged forty-two, a man who had been apparently quiet well up to three days before admission, was admitted on March 5, very hallucinated. States he holds converse with God. He had a temperature of 99°, furred tongue, and was constipated. He had slept little before admission. He was given a copious enema, and after a good result slept fairly. He was put on a mixture containing cascara and on extra diet, mostly fluid, eggs and beef tea, for the first 14 days, and began to improve—although the hallucinations did not leave him, they were no longer very marked. He was of a highly organised and nervous temperament, and had various worries, so he stated, and had not generally looked after himself. He lost all the hallucinations about May, and was finally discharged recovered at the beginning of June.

I may state that in recent mania it is hard to say whether a patient is hallucinated or that he has fleeting delusions, as in the excited stage they are very incoherent.

CASE II.—T. P., a male, aged thirty-two. His mother is in the asylum. Was said to be quite sane two days before admission. He had been drinking for some time, but not heavily. He was very excited on getting him to the ward. The temperature was 103°, pulse 116, and feeble; in fact he was in a very poorly nourished condition. He was given an aperient, followed in the morning by a copious enema; the temperature fell, also the excitement abated, and in seven days he appeared all right mentally. He was eventually discharged in a month recovered.

CASE III.—F. H., a youth, aged eighteen, was admitted suffering from recent mania. He had apparently recovered from influenza about five weeks before admission. He came under my observation on February 28. He was then in a semi-stuporose condition, from which he recovered, but became very excited, requiring sedatives. After he had been three weeks in the Asylum I tried blistering him, with good result; the excitement abated. He was kept on extra diet, and made a good recovery, and was

discharged on June 17. The blistering set up a hyperleucocytosis, which helps, in my opinion, to prove it is an auto-intoxication.

CASE IV.—W. S., aged twenty-eight, at present in the Asylum, was admitted in October, 1907. Alcohol was the alleged cause. Up till six weeks ago he had hallucinations, but since then they have disappeared. In his case chronic constipation has, I hold, much to do with his mental condition, and at the present time he gives every evidence of a case on the road to recovery. No hereditary history could be obtained.

I hold in the cases of D. C., F. H., and W. S., although all hereditary predisposition was denied, that the focus was there, and that the cause of the setting up of the condition was due to auto-intoxication from the intestinal tract, for when the general health of the patients was improved the symptoms abated. Two of the cases had an alcoholic history, and so far as I could ascertain they had been drinking only for about six weeks before admission, and then not heavily. I do not consider the alcohol was the cause of the insanity, but I consider that both patients have hereditary taints. Judging from the friends of W. S., I am sure they are all a highly organised and nervous stock. The average duration of recent mania is roughly six months. The recovery rate, in my experience, is 60 per cent.; deaths are rare. I have had three—one had very bad mitral disease, the other two died of exhaustion. Clouston's definition would very well have fitted them. On a *post-mortem* nothing was found in the brain except extreme hyperæmia. I can give many examples of cases, but will not, as there is a sameness in cases of recent mania.

To sum up, my treatment is—get the bowels acting regularly, and give good, wholesome, stimulating food; treat any other symptoms as they arise. From my results I think I am justified in stating that (1) the primary cause of recent mania is hereditary predisposition; (2) that this is set up by an auto-intoxication from the intestinal tract.