A CASE OF ACUTE MANIA WITH ABSCESS OF THE LIVER.

By GRÆME M. HAMMOND, M.D.,

PHYSICIAN TO THE DEPARTMENT FOR DISEASES OF THE NERVOUS SYSTEM IN THE METROPOLITAN THROAT HOSPITAL.

MR. X., a native of the United States, aged about forty, was sent to this city from the Cleveland Asylum for the Insane, on November 27, 1881, to be placed under the care of Dr. W. A. Hammond for treatment.

The diagnosis made at the asylum was that of "progressive paralysis of the insane" due to sexual excesses and intemperance. Dr. Hammond diagnosticated the case as one of acute mania probably due to the causes mentioned.

When first seen the patient was unable to walk without assistance. This was not due to paralysis, but to general weakness and inco-ordination. There was no wasting of the muscles nor was there any diminution of their electric contractility. His memory though not entirely lost was very defective, and his speech was unintelligible on account of his inability to co-ordinate the muscles necessary for articulation. He had none of the ideas of grandeur so characteristic of progressive paralysis of the insane. Hallucinations and delusions of sight, hearing, and often of taste, were of frequent occurrence.

He was generally quiet and inoffensive during the day,

but nearly every night he would have one or more exacerbations of maniacal fury, attempting to injure his two attendants who, though strong men, often found it almost impossible to restrain him.

Dr. Hammond's treatment consisted in the administration of the bromide of sodium with fluid extract of ergot, and iodide of potassium in large doses, and the application of the actual cautery to the vertex.

About a week after the patient came to New York Dr. Hammond suspected that an abscess existed in the liver. On Dec. 5th an operation was performed and about eight ounces of pus were evacuated. The patient bore the operation well; there was no rise in temperature, nor in fact were there any unfavorable symptoms.

Three days after the operation the patient was able to go out, his mind seemed a little clearer, and he appeared stronger. This improvement was but temporary. In a few days he became even weaker than before, he was unable to retain either his urine or fæces, and although he had no violent exacerbations of mania (for that would have been impossible in his condition of debility), yet his abnormal mental condition was manifested by his incoherent mutterings, his cries of fright or rage, according to the delusions and hallucinations which possessed him, and his inability to recognize, except for brief intervals, his attendants and others who had been with him for a considerable period. He continued to sink slowly, until finally on Dec. 13th he became comatose, and died early on the morning of the 14th.

About twelve hours after death I made an autopsy in the presence of Drs. W. A. Hammond and P. B. Wyckoff. The dura mater was found to be firmly attached to the cranium, opaque, and very much thicker than the normal membrane. Under the dura mater spots of grayish-white

substance were found scattered over the entire convex surface. Between the arachnoid and the pia mater a considerable quantity of bluish effusion was observed, and the pia mater was found adherent to the brain substance. Nothing more of importance was noticed, except perhaps a slight softening of the cerebral tissue, which was probably due to *post-mortem* changes. I prepared several pieces of the brain substance for microscopic observations. In all of the sections the results obtained were the same. I found no deviation from the normal aspect either in size, development, or number of either the small or large cells of the gray substance. Both the gray and white tissues were permeated by great numbers of blood-vessels all in a state of intense congestion. Beyond this nothing abnormal was noticeable.

I also examined the liver to observe the results of the operation for abscess performed nine days before death. There was a depression about half an inch in depth immediately under the point where the needle of the aspirator had been inserted. Beneath this depression a small cavity was found of about the size of a walnut. This cavity originally contained about eight ounces of fluid, and although the force of aspiration had a tendency to approximate the walls of the abscess, yet the extreme diminution in volume in so short a time demonstrates how quickly an abscess in the liver may be recovered from even in persons in a debilitated condition. Nothing else abnormal was observed in the liver.

This case is of interest insomuch as it makes an addition to the number of cases where an abscess in the liver co-exists with cerebral disease, the frequency of which has already been alluded to by Dr. Hammond in "Neurological Contributions," vol. i, No. 3. In this case it is more probable to suppose the abscess in the liver to be caused by

the diseased condition existing within the cranium, than it is to attribute such distinctive lesions in the brain to so small an abscess.

The microscopic examination of the brain substance shows that his feebleness and inability to perform co-ordinate actions were not due to any disintegration or atrophy of the cortical motor-cells, but rather to an interference in the reception and transmission of motor impulses by the congested conditions of both the gray and white matter.