ACUTE MANIA ASSOCIATED WITH ABSCESS OF THE BRAIN.

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I HAVE seldom met with cases, dying in an attack of mania, in which coarse brain disease was found.

It is not uncommon to have acute symptoms with syphilitic tumours, and I have the records of three cases in which the insanity was due to such tumours, the local paralyses and the insanity passing off with treatment of the syphilis. These cases recovering, no opportunity was afforded of confirming the localization of the disease made from lesions of certain cranial nerves.

Cases die from attacks of acute mania, and every year at Bethlem we have one or more of such cases. In these the changes in the brain may be general, but they are minute, and not at once seen by the naked eye. In not a few cases, the death, though occurring in acute mania, is not due to it, the mental disease commonly masking other diseases. Thus we may find, *post mortem*, advanced phthisis, pneumonia, pyæmia, pleuritic effusion, or evidence of other severe diseases, that were not only unsuspected, but hardly to be detected—cough, pain, and even increased temperature, being absent.

Besides these masked cases, however, I have seen others die of acute mania, in whom no general disease was found, all the viscera being typically healthy. In these cases, the brain always showed some changes, if carefully sought, such as congestion of membranes, effusion of fluid, or a general softening of the brain. I have specimens, showing that a form of inflammation may be present, the cortex and membranes adherent, and leucocytes and new growth infiltrating the superficial layers of the brain.

In the case I bring forward in this paper, we have a distinct

lesion in a brain that was unstable by nature. The case presents many points of great interest.

In referring to causes of insanity, all authorities agree that the most important is an inherited tendency, or its equivalent, viz. a tendency shown to exist in the family by several near blood-relations suffering. In our case, the father died of some brain disease, said to have been "softening," but which I prefer to believe was a simple dementia rather than general paralysis; for the evidence of the rest of the cases goes to support the idea that, when the period of life associated with beginning decay was reached, the members of the family tended to die by their nervous systems.

Again, I have yet to learn that general paralysis in a parent tends to produce ordinary insanity in the offspring.

The patient had certainly three other female relations who have suffered from insanity, so we may be sure that she belonged to the class that is ever ready to break down.

In the three attacks of insanity, there were different exciting causes in each. I do not attach much importance to any one moral cause given; for one cause reacts on the other and complicates it, and also induces other physical disturbances, which all tend to the precipitation of the attack. The symptoms of melancholy that were seen in both sisters are noteworthy. It is my experience that it is very common to see sisters suffering from similar forms of mental disease, and we have had several pairs in Bethlem with the same types of disease. We have now two sisters suffering from delusional insanity, and the suicidal tendency is constantly seen to run through a whole family, or along the male or female side of a family.

I may also remark here, that I have seen certain families predisposed to suffer from similar causes. Thus I have records of both mothers and daughters who have had insanity following child-birth, and, in fact, we have at present in Bethlem a patient, whose mother had puerperal insanity, now suffering from insanity due to the same cause.

I subjoin the history of the attacks, from which the patient was under observation, and short notes of the attack of the sister, who was also under our care in Bethlem. The first attack of insanity was in 1862.

Sarah N., single, æt. 35. Aunt and cousin insane. Father died of "brain softening."

About five years before she had a love disappointment, and since then on several occasions had had short attacks of mental excitement, but these rapidly passed off, leaving no mental deterioration.

The exciting cause of the present symptoms seemed to be

TYPE 1.

During a period of Comparative Quiescence. Buoyant & Happy.
27th March '77

TYPE 1.

During a period of Quiescence succeeding period of acute delirium of several days duration. Very sleepy. 14th Nov '77

TYPE 1.

Quiet succeeding acute delirious excitement.
14th Nov '77.

TYPE 2.

During period of low muttering delirium.
12th Nov '77

TYPE 2.

During excited Paroxysm.
15th Oct '77.

TYPE 2.

During excited Paroxysm.
15th Oct '77.

TYPE 3

During Acute Delirious Excitement.
4th Decr. '77.

TYPE 3.

During Acute Delirious Excitement; Pupils unequal, Medium dilatation.
Left slightly the larger. 30th Oct. '77.

TYPE 3

During Somnolence of Congestive attack.
20th Novr. '77.

TYPE 3.

Acute Delirious Attack, with hallucinations of sight. Pupils slightly contracted, the left being the larger 10th Novr. '77.

TYPE 3.

Acute Delirious Attack, with hallucinations of sight. Pupils slightly contracted, the left being the larger 19th Novr. '77.

MIXED TYPE.

Acute Delirious Excitement
30th Oct. '77.

MIXED TYPE.

Quiet after attack of excitement. Pupils dilated, the left being the larger. 22nd Oct. '77.

money troubles. She said, "Fiends constantly prompted her to do evil things, and to escape them she must kill herself." She had cut her throat rather considerably.

On admission, she was dull and desponding, suffering from melancholia. She was treated with morphia and steadily improved, so that, at the end of three months, she was reported as well enough to go on leave, and was afterwards discharged cured.

Second attack in 1869.—Religious difficulties given as the cause of this attack. Symptoms similar to last attack. Loss of self-control; impulses to blaspheme. Had lost all pleasure in ordinary affairs. Suicidal, very anæmic and emaciated, having refused food. Untidy and dirty in her habits.

She slowly improved and went on leave of absence, after having been in Bethlem five months, and was again discharged well.

An elder sister, Mary N., was admitted into Bethlem in 1873, suffering from active melancholia. After three years' treatment she was discharged uncured, suffering from chronic melancholia of an active kind. This patient was constantly wringing her hands and saying, "I don't know what to do." This sorrow became quite automatic, for she ate and slept well, and gained some strength before her discharge.

Last attack in Sarah N.—Admitted March 13th, 1878. Business troubles given as the cause. About six months before admission, was noticed to be unlike herself, and to be generally in weak health, sleepless and restless. She however improved for a time, but the sleeplessness became more marked, and she was dull and anxious.

In the early part of March she rather suddenly became noisy and violent. She said she had "seen the Lord Jesus," and that "He talked with her." Fancied people had knives concealed and would murder her. She said "her bed was an infernal machine," and that she was "surrounded by devils." She had wonderful visions, talked incoherently, and was very violent.

On admission, she was noisily and incoherently happy, talking and laughing constantly day and night. She was kept up for some ten days or so, but was always rolling about the floor, and taking off her clothes. It was noticed that her tongue was dry and brown. She took only a small amount of food; the bowels were confined, but there was no sickness; pupils uniform. She was too restless to allow a careful examination of her discs. Pulse rapid, small, and compressible. For her own sake, she was kept in bed, and there remained more quiet, though she talked and shouted constantly. Tem-

perature on March 22nd was normal in axillæ, and 92° on temples; and then there were no signs of lung disease.

On April 23rd she was very dirty, and on the 26th we noticed that she had lost power over left arm and leg, the forearm was rigidly crossed over the chest, and the leg extended with the foot turned inwards. There were numerous petechial spots on her left leg; the right angle of the mouth was drawn up.

May 1st.—No alteration in her hemiplegia, but there were now signs of pneumonia in both bases. Temperature (in axilla) 103°, pulse 125, respirations 51. Breathing became worse, and she died on May 2nd.

Post-mortem twenty-three hours after death.—Only the head was examined; calvarium very thin and dense. On removing this, the right temporo-sphenoidal lobe was noticed to be flattened and bulging; on making a slight incision, more than an ounce of thick gluey pus escaped, disclosing a thick-walled abscess occupying the whole of this part of the brain. There was no communication with the ventricles, or with the outside of the brain. There was no diseased bone about the ear or elsewhere; the membranes were free over the abscess. The arteries were patent and normal. The corpus striatum and also the thalamus were softened and broken up, and around the vessels were large spaces. Over the whole brain the membranes were separable. There was general congestion of the pia mater, but no excess of subarachnoid fluid. The rest of the brain was normal in appearance.

I shall only make a few further remarks on the case that seem necessary.

As has so often been pointed out, the form of the attack of mental disease seems to be accidental. Over and over again have I seen patients suffering from excitement, *i.e. mania*, in one attack, and from depression, *i.e. melancholia*, in another. In the case here recorded, however, there was a marked family and individual tendency to melancholia, and the exciting causes also were given as of a depressing nature. In the last and fatal attack, we must look upon the *abscess* as the *real cause* of the *insanity*. The history of some months' illness is quite borne out by the thick walls of the abscess.

It is very unusual to find an idiopathic or primary abscess in the brain, and, as the post-mortem examination was only partial, we cannot exclude many possible causes of abscess. Of only one thing I am sure, namely, that it was unconnected with any disease of the ear or cranial bones.

The absence of any symptoms to lead one to suspect a large abscess in the brain is noteworthy. Thus a cause, sufficient to irritate into mania, may exist, and yet cause no other

symptoms, till other parts, such as the ganglia at the base, were secondarily implicated.

In the attack itself there were two symptoms that made one look upon it as unusual. In the first place, the tongue was dry and brown from first to last, while the temperature of neither head nor axillæ was raised.

The other symptom was the small amount of food taken. A patient so pleasantly maniacal—laughing and chatting—generally takes food freely, but our patient took little or none, though she had no sickness, and did not seem to suffer from nausea.

I am, at present, at a loss for a satisfactory explanation of the above symptoms. They led me to look on the case as exceptional. There was no inflammation of the membranes over the abscess, and thus the case is still more difficult of explanation.