ACUTE DELIRIUM IN PSYCHIATRIC PRACTICE,
WITH SPECIAL REFERENCE TO SO-CALLED
ACUTE DELIRIOUS MANIA (COLLAPSE
DELIRIUM)

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CASE I. Fisher Gut. Admitted to the Rochester State Hospital July 17, 1906. Discharged by death from collapse delirium July 30, 1906. Diagnosis—collapse delirium.

Family History.—Patient is a clergyman, aged 63 years, whose father is said to have shown mental disturbance, whose sister was insane, but made a good recovery and whose family is admittedly a nervous one.

Personal History.—Patient was a boy of slight physique. His schooling was interrupted frequently by reason of ill-health. At the age of 18 he ran away and entered the Union Army, where his health improved, and on his return home three years later he seemed to have come into good physical health. Entered and graduated from Lafayette College; then entered Union Theological Seminary, and became a Presbyterian clergyman at about the age of 30 years. Married at the age of 32; is the father of five children, one daughter being described as of nervous temperament, and a young son as ungovernable and causing his parents much concern. Patient has been a very active man in his church work; very pleasant, courteous and friendly; always politic and not inclined to controversy; was well liked and has held the pastorate of his church for over thirty years.

About fourteen years ago, following grippe, patient suffered from nervous and mental breakdown, when he underwent treatment at Dansville and Clifton Springs Sanitariums, being compelled to give up his work for six months. During the height of his illness he showed some excitement and developed ideas of a suspicious character against one of the sanitariums, so that it was necessary to remove him to another, though he apparently made a perfect recovery. He is naturally a poor sleeper and a man of nervous temperament; very sensitive; always strictly temperate, and has no physical infirmities, though he has suffered from constipation.

During the winter and spring of 1906 patient was greatly

troubled by reason of his son's misconduct in visiting saloons and cultivating undesirable associations with the opposite sex. The boy lied to his father relative to his conduct and absented himself from home. This worried and irritated his father, who spent the greater portion of the night looking about the village for him. On his son's return the following day patient lost control of his temper and struck the boy several times with his cane, though he did not inflict injury. This led to much comment about the neighborhood, the report of the occurrence being in some instances magnified and distorted. Effort was made by one of his trustees to force him out of his pastorate. While the vast majority of the villagers sympathized with him and his family, a few continued to circulate exaggerated reports. This added greatly to the worry and distress under which patient was laboring and is believed to be directly responsible for the development of mental symptoms. The immediate family felt that the criticisms were terribly unjust and offered good ground for patient's worry and trouble.

Onset of Psychosis.—July 9, 1906, patient seemed to be suspicious of people whom he had little reason to believe were involved in his difficulty. Seemed to imagine that everybody was against him; talked coherently, but rather excitedly, and the assurances of his family and friends were unavailing. July 12, following his return from the conduct of a funeral, he maintained that he had been "tried" by people in attendance—"a woman had come to him in tears, seeking to make him break down in order that they might maintain that he was insane." Several similar occurrences were asserted, all with the intent of making him out insane. On Sunday, July 15, he was very suspicious and refused to officiate in his pulpit until, as he said, "people made it right with him—till they changed their opinions." That night he was absolutely sleepless and it was decided to take a vacation during the next few days. Though he showed a few excited symptoms, nothing further of noteworthy character took place until he had reached a hotel in the village of Canandaigua en route to his former home, where his vacation was to be spent. While at the hotel he became excited; talked freely, but irrationally and in a deluded way, his mind seemingly considerably clouded. He was unable to control himself, and his excitement increased to the point of boisterous and noisy conduct. The following morning he became very wild, yelling and screaming, showing much motor restlessness, so that his wife, who accompanied him, could not control him and it was necessary to have him committed at once to an institution for the insane.

In the R.S.H. he presented no physical complex of disease, though he was of a rather slight physique, his general nutrition somewhat impaired and he seemed rather weak in point of muscular development and strength. Mentally he seemed dominated by counter-impulses and suspicions directed against those with

whom he came in contact. He questioned his wife; would not answer the inquiries of physician until his wife sanctioned such replies; often asked her and his attendants in a rather anxious, inquiring way if they were true to him. When allowed to speak spontaneously, his conversation was of a particularly incoherent character, showing marked distractibility. There were hesitation and vacillation in his efforts to attempt any definite act. Occasionally yelled loudly as if afraid, but then exclaimed "I know it's wrong—I promised not to yell—you're not true to me—there is something wrong here." He continued to labor under vague fears and suspicions relative to his surroundings: asserted that the medicine was liquor and spat it out. Given medicine hypodermically, he seemed oblivious of the process: showed distinct memory defects and narrowed grasp. Subsequently it was noted that there was abnormal spontaneity of speech, but that he talked in a rather harping way, repeating the same expressions of doubt and uncertainty over and over. Was in constant fear of treachery and trickery. The following spontaneous elaboration in reply to question by physician that patient should make any statement he chose, indicates his lack of grasp and distractibility:

"You propose to be a witness, do you—you want statements as to my veracity or anything of that kind, or don't you? (Pause) I will give you one thing that might add to the testimony possibly—(pause) let's see—what else do you want? You took my father's name, did you (pause)—at least I suppose that you did—I don't know whether you did or not—I didn't notice (pause)—I'll answer any questions that you like to ask (pause)—I know one thing—I want to ask whether you men are playing fast or loose with Mrs. G. and me or not—in the stage (possibly refers to the coach which brought him to the institution), I saw there might be an opportunity of collusion between the two men."

Orientation was marked by confusion, and his grasp on the immediate past was uncertain. Though he recalled some recent incidents with fair accuracy, others apparently equally important appeared to be absolutely forgotten. There was great difficulty in focusing his attention on questions put to him sufficiently long to bring himself to any attempts at reply, but, when his distractibility was met by frequent repetition and recall to the topic, his replies were usually hazy. He showed distinct sensorial cloudiness and psychomotor excitement, impairment of memory in every field, narrowed grasp and no real insight into his mental condition: spoke vaguely of the thought that people might think him insane. He continued to be controlled by counter-impulses which allowed him to decide and try to act, but after a moment swayed him into exactly the opposite response; thus it was difficult for this reason to induce him to take food, to allow himself to be moved, washed, dressed or cared for. Constantly questioned "Is this right—ought I to do it—are you true—then I

will do it—no, I guess I better not.” When urged, became greatly excited and yelled. He gave the impression of being in a hazy, delirious state.

July 23 it was noted that the excitement had increased; that he was completely controlled by doubts and that consciousness was clouded. He would take no nourishment; could not be kept in bed; talked spontaneously in busy delirium and yelled noisily, the following being a sample of his stream of thought under the influence of his excitement on this day:

“Am I right? It’s a tester for all eternity—tell my wife and everybody, the doctor and that other fellow—is that right? I am in doubt—is that right—I don’t know what to do—go get Helen and my wife. If a priest comes I will confess my sins—is that right—are you true? Now be careful what you do, for it’s a test case for all-time—I don’t know whether to stay in bed or not (pause)—let me see—is it right—do you hear me? I am in doubt, so I guess I better get up—My God! The whole world knows I am crazy; I don’t know what to say—is that fair—are you satisfied? Somebody’s going to get hurt, either you or me—no sir’ee, I’ll do just as I please; I want to be true to Helen, my wife, the doctor and the whole world. Will I have to stay in here for eternity—I want to be true—are you true, etc.”

The following day it was noted that he was becoming weaker under the influence of his busy delirium. Face was haggard. He persisted in refusing nourishment, so that it was necessary to tube-feed him. His axillary temperature recorded 102° . Though he talked continuously, the motor excitement was not of equal intensity with his mental activity. It consisted in slow gesticulations, reaching out his hand, nodding his head occasionally, getting out of bed or sitting up. July 25 projectile vomiting occurred and it was necessary to feed him by nutritive enemata. Pulse recorded 120; temperature 103° . On that day he passed into a semi-stupor state; failing to recognize anyone about him. The following day his temperature rose to 104° . He continued to vomit a greenish, grumous, bilious material. Passed into a moribund state, and died during the early morning hours of July 30.

Autopsy was refused, but so far as clinical observations went there was no infective processes which could be recognized as such.

CASE II. H. A. H.—Admitted to Rochester State Hospital August 21, 1907. Discharged by death from organic heart disease in the course of collapse delirium, September 1, 1907. Diagnosis—collapse delirium.

Family History.—Patient was a clergyman, aged 55 years, in whose family a sister was said to have committed suicide, his only son to be a drug-habitué and his daughter at that time an inmate of the R.S.H.

Personal History.—Patient, himself, was well and strong as

a boy. Attended school and college, and took his theological work at the Tufts Theological Seminary. He is said to have left school on one occasion because of fear of nervous breakdown, but no actual nervous or mental outbreak is known to have occurred until the age of 47, when he became suddenly insane following the death of his wife and the worry incident to the waywardness of his son, being confined for about seven weeks in the Concord, New Hampshire State Hospital. He is believed to have been in a sort of delirium, accompanied by some fever at that time. After leaving the hospital was fairly well, though he met with some discouragement in the loss of his charge, and was comparatively inactive for about a year. Since that time he is described as having been a man of nervous disposition, easily irritated and flying into a rage on slight provocation, often assuming somewhat threatening attitudes in his domestic life: at times appeared considerably depressed and discouraged.

Onset of Psychosis.—He preached his last sermon about August 10, 1907. At this time was greatly worried about his son and daughter, the latter being home from the state hospital for a visit. He seemed quite agitated when in association with this daughter and decided to return her to the institution. En route he was very quiet, talking but little; did not eat; occasionally seemed somewhat uneasy. When spoken to did not always appear to comprehend. Went to one of the local hotels, where he complained of feeling hungry and went out for a lunch. On his return to the hotel, when greeted by his daughter, who put her arms about his neck, he immediately became excited; he drew himself up in a rigid manner, his face becoming distorted; gave way to screams and groans which were continued for some time. Subsequently, though usually quiet, whenever his daughter was near him or whenever she was spoken of in his presence he continued to have outbursts somewhat similar to that previously described. These attacks would subside quickly, but his conduct created considerable disturbance at the hotel, so that it was necessary to commit him to the state hospital as an emergency case.

When brought to the institution, his face was flushed, hair and clothes awry and he seemed somewhat exhausted. He sat resting his head on his hand and seemed preoccupied. He replied to questions with seeming correctness, however, and explained the meaning of his presence in this city, admitting that he had become somewhat excited over family affairs. He was compliant, but on the ward in an attempt to bathe him he suddenly assumed a characteristic rigid attitude, his face again being drawn in contortions, and he yelled loudly. This outburst subsided quickly, but, when questioned, he said he did not seem able to control himself, immediately assuming a rigid posture again and screaming loudly. These attacks were repeated frequently, and

in bed he would roll backward and forward, throwing his arms about wildly, yelling and screaming, holding himself stiffly, then relaxing and becoming quiet for a few moments and speaking in a fairly appreciative way; thus, following one of these attacks, he said, "I didn't know where I was—I thought when I was going into that bath that I was in eternity." His conduct and condition continued about as noted throughout the following day, and, if his daughter's name was mentioned, he would make attempts at assault, for which he apologized later, explaining that he was unable to control himself. There seemed to be considerable difficulty in collecting his thoughts, but during his quiescent periods his attention could be gained and he replied with considerable show of appreciation. His episodes of excited and delirious conduct continued at intervals, during one of which, on August 23, he threw himself from the bed to the floor, bruising the tissues about the right knee and thigh. He would not permit any physical examination, but his pulse was rapid (118), and his temperature, when taken, recorded 99°. He took nourishment sparingly and bowels were very sluggish. When efforts were made to care for him he was quite demonstrative; groaned; was resistive and threw himself about. On August 26 showed some tendency to be nauseated. August 30 it was noted that there was urinary retention, and his bowels were moved by cathartics and enemas. He was quite uncommunicative, but groaned and screamed when attempts were made to question him. During the morning of that day he repeated a number of times, "I can't make you understand—Oh my father—he always loved me." Asked why he did not eat better, asserted that he was "in the third world," but would offer no further explanation as to what he meant. Later he said, "I am crazy—I am in the wrong place—if I could only get the little ones." Seemed to recall some of the incidents of his past life and muttered in a rather reminiscent strain. Stated that he was born in Nantucket on the thirty-first day of December, 1851, and that he was 55 years old. Explained how he came to Rochester, to what hotel he went and that while there he had been taken acutely ill, and that he was then taken to the state hospital. Maintained that the "devil had taken him down below where no telegram or communication could be had; that there were animals in the room crawling around; that he did not want to be here in women's clothes." On another occasion, when asked how long he had been in the hospital, replied "one million years." Usually he gave but little heed to questions. On August 31 he permitted examination of his chest, which did not reveal any heart murmur, though the sounds were rapid and weak. The following day, on September 1, his excitement had subsided in large measure, though he was still resistive and somewhat noisy; seemed to be exhausted; continued to experience retention of urine, but took small quantities of nourish-

ment. In the evening his pulse began to fail rather rapidly and his respirations became labored. This was accompanied by profuse perspiration. He sank rapidly into a semi-comatose state, and some two hours later death ended the scene.

Autopsy revealed thickening of the tricuspid and mitral valves of the heart, with some flabbiness of the cardiac muscle, congestion of the left kidney and slight injection of the blood vessels of the small intestine; otherwise the post-mortem findings were negative.

In the next case it will be noted that the development is distinctly manic in character, and that it varies greatly in point of possible etiology from the preceding, though neither gives a suggestion of infectious or toxic origin. Not only in the progress of symptoms in the development of the psychosis, but later under observation in the hospital, the classic picture of manic excitement is presented, with emotional elation, flight of ideas with pressure of activity, in which the movements are purposeful and in entire keeping with the rapidly changing content of thought, distractibility and tendency to momentary elaboration of jocular character on occurrences in the surroundings; facilitation of word and thought associations, one word or thought suggesting another, all with relative clearness of the sensorium. These features justify the diagnosis of manic-depressive insanity, and, as the case progresses, the excitement constantly increases with ultimate evolutionary changes in the character of the symptoms to clouded sensorium, purposeless activity and fulminating delirium, collapse and death.

CASE III. J. M.—Admitted to Rochester State Hospital August 22, 1910. Discharged by death due to acute delirious mania, September 1, 1910. Diagnosis—manic-depressive excitement.

Family history.—Patient, a man of 53 years, presented heredity in a brother who had suffered from an attack of melancholia, but who made a good recovery. Insanity in a maternal cousin.

Personal History.—Patient, himself, was healthy as a boy, and it was asserted that he had never consulted a doctor prior to present illness. He obtained a common school education. His principal occupation had been that of a cartman; was industrious, active, social and of a buoyant temperament; a man of good morals and of religious inclinations. He is the father of two girls, both of whom are rather nervous in their temperaments. Patient, himself, always temperate.

Onset of Psychosis.—July 21, 1910, with his brother he decided to take a trip to New York which had long been contemplated and which was, in his history, a unique experience. In New York he lost much sleep by reason of the presence of vermin in his bed at the boarding house. It is denied that he drank, but took a large amount of exercise during a very hot period. Ate

irregularly. Was very much interested in the things that he saw and undoubtedly overtaxed his strength. On his return home after an absence of about a week, he seemed unusually happy and talkative; laughed more than usual; spoke, as was perhaps natural, a great deal about his trip and what he had seen. Within two days after his return home he attended church, where he seemed to be greatly affected by the sermon, giving way to a period of weeping. After church he maintained that everything in the sermon referred to him. On his way home he seemed excited and said that God had performed a miracle and had given him light; that he had never understood things so well before in his life. Somewhat later in the day he called the family into his room and talked with them about the miracle which had been performed. At that time was excited and absorbed in religious ideas. The family was alarmed at his condition, and patient was annoyed by their attitude; denied that he was nervous and attempted to demonstrate such assertions by reading a chapter from the bible, which was correctly rendered. On the Tuesday following he appeared to have partial insight into his condition and said that he talked too much, requesting his wife to interrupt him when he did so again. Later in the day, however, he became controlled by excitement. Went out for a walk and talked to various strangers in the park; gave money away foolishly and without solicitation; said that a light which had come to his bedside had given him the power to offer the blessing of God to everybody; talked a great deal about the Bible.

After temporary improvement on August 12 he exhibited evidence of intensification of his symptoms; threw a towel into the ash barrel; talked incessantly about his trip to New York, being seemingly confused and irrational in his statements. Was very active and very troublesome; prayed a great deal; was on the move constantly. Friday night he lighted the gas in the middle of the night; played on the piano; talked loudly to one of his former friends, now dead; spoke as if in conversation with imaginary people; sang, laughed and was boisterous. Went downstairs and filled the tea kettle, saying it was time to get breakfast; sent imaginary telephone messages without the medium of wires; went into the street in his night clothing; threw water on the table and on the floor; pulled down the window curtain; threw his watch at his sister-in-law and broke it, being controlled by pressure of psychomotor activity, leading him into a multiplicity of mischievous acts. The police were summoned and he was sent to the County Hospital, where he remained in a very excited state for a week prior to his admission to the R.S.H.

In the state hospital at first he was controlled by considerable pressure of activity. On admission, though able to sit in his chair, he did not give more than momentary attention to physician and was distracted by his own thoughts and ideas. Spent con-

siderable time slapping imaginary bugs on his clothing; stamped his foot on the floor; scratched his head; bent forward in his chair and lifted up the edge of the carpet to peer underneath, all in overdrawn, playful pantomime; gave no heed to the examination. When addressed, he was able to give his attention instantly to the physician. Stated that he had been driven out of Buffalo by the bed bugs and that he was crazy. His replies and attitude were distinctly flippant. Talked loudly and garrulously, showing some tendency to flight of ideas. As he passed to the ward he observed three pillows on the settee and commented thereon as follows: "Three in one or one in three," evidently referring to the Holy Trinity. Throughout the night he was very excited and troublesome, climbing out of bed, rolling his bed-clothing up and scattering it about the floor, removing his bed garments, etc.; talked incessantly in a rapid and distracted flight, so that it was impossible to draw him into any intelligent conversation. It is noted that his flight was of a remarkably excited character and accompanied by great pressure of activity.

On August 24 he is noted as remaining under great pressure of psychomotor excitement, constantly getting into mischief, pulling his bed to pieces, throwing his sheets out of the window, talking in a rapid, but nonsensical, manner and responding to the remarks made by other excited patients about him. On August 25 he was in a state of hyperactivity, tearing his bedding to pieces, shouting and talking loudly. He was taken to the veranda where the following spontaneous remarks show his typical flight of ideas and distractibility:

"I must put my feet on where I like to smoke—the way they do in the Whitcomb House (pulls his chair to the edge of the porch and elevates his feet on the wire guard—continually occupies himself with what is passing about him). Have you got a handkerchief—give me a handkerchief—well, never mind. My head hurts where I bumped it. I guess I'll rub it (rubs it vigorously, but then suddenly ceases). No I won't, it hurts. There I have got to stop again. What do you do—spit on the floor? (Pause) I want a button—a sample button; they cost about five cents a dozen—that's cheap enough. Oh, for the rich—I might make them give me one hundred thousand dollars for the poor—(distracted)—Oh that head where I fell on the floor—(he is not known to have fallen on the floor and his head presents no evidence of bruise). I have got to spit again—shall I spit on the floor? (When directed to do so, expectorates through the porch guard). Father Steward used to say—no, that's what the damned Irishman used to say. Did you meet Father Steward? He was a fine man. He was neither too fast nor too slow. He never drove too fast nor too slow—just fast enough (pause—distracted). I am going to give you a new book—a New Testament. (As he sits surrounded by the other patients who are also ex-

cited, he takes up their expressions and elaborates on them from moment to moment; thus, when one of the patients says, "I have a Dickie bird and I can make him sing," Mr. Meulendyke says, "Well then, make him sing—why don't you make him sing then; (pause) why didn't you speak out where you live? (Patient) "I live in Dansville." (Mr. M.) "Well, why didn't you stay there?" (Patient) "Do you know John?" (Mr. M.) "Where does he live?" (Patient) "Dansville." (Mr. M.) "I have heard of him." (Patient) "Do you know ———?" (Mr. M.) "No, I forget, are my feet in your way?" (He pauses for a few moments and appears to be in a listening attitude).

On August 29 his excitement had intensified somewhat. He was mischievous and troublesome; pulling his bed to pieces, kicking and getting out on the floor, putting his feet against the wall, disarranging his bedding and refusing to remain covered, being in a state of constant psychomotor activity of extreme grade. Under the influence of this continued excitement he lost considerably in point of weight and strength, but he took food well, and at night under the influence of hypnotic a fair amount of sleep was secured to him. At that time he was unable to engage in any conversation owing to the intensification of his excitement and the approximation of delirious clouding of sensorium. He gave no heed to passing occurrences, lying most of the time with his eyes closed, giving rise to short exclamations as follows: "Oh! Oh! Yes I will! No! Ah! Ah!", etc.

September 1 he had grown perceptibly weaker and during the night had two periods of vomiting. On that day the abdomen was considerably distended and patient seemed to be in a pseudo-delirious condition. Seemed to flinch on palpation over the abdomen and exclaimed as if in pain. No localizing symptoms. Face pale and rather pinched; pulse regular, but weak. It was necessary to catheterize him, the urine being very highly colored. His bowels were moving freely. Temperature recorded 101.2° per rectum; pulse 100; respirations 24. Throughout the day his abdomen continued distended and he seemed to be in acute distress. Though unable to talk, he moaned and groaned continually and pressure over the abdomen seemed to give extreme pain. He was restless, thrashing about the bed. Was given stimulants and enemata in the hope of relieving tympanites. At four o'clock in the afternoon his temperature recorded 102.8° per rectum. At 5.15 p.m. he suddenly passed away. *Autopsy* was refused.

The next case presents equally strong evidence of manic development in view of the unusual heredity of manic-depressive insanity noted in direct and collateral branches of the family. Our present-day studies tend to show, in many instances, familial types of psychoses especially of manic-depressive character. This case belongs to a family in which this tendency to manic-depressive psychosis is specially noteworthy, and this fact, together with

the development and brief clinical picture, tends to point to such a diagnosis.

CASE IV. C. S. R.—Admitted to Rochester State Hospital November 23, 1906. Discharged by death following convulsion, November 24, 1906. Diagnosis—acute delirious mania.

Family History.—Patient presents marked hereditary influences, a large number of the immediate relatives having been inmates of Rochester and other state hospitals, the usual form of psychosis presented being of the manic-depressive type. His father, a manic case, has been an inmate of the Rochester State Hospital on several different occasions and is now (1911) again under treatment at that institution. A paternal uncle was insane and a paternal aunt committed suicide while in a state of temporary mental depression. A paternal uncle and aunt were inmates of the Willard State Hospital. Another paternal uncle has locomotor ataxia. Paternal grandfather was demented during the last ten years of life. A paternal great-uncle also manifested senile deterioration. A maternal cousin was an inmate of Brigham Hall. There is also history of cancer and tuberculosis in a number of members of the family.

Personal History.—Patient, himself, was a young man of eighteen years. Strong, healthy and athletic; a high school boy and one of the most popular members of his class, his intellect being described as unusually keen; a member of the high school baseball and football teams. The history given by the pastor of his church states that the clergyman "had never known a young man of better instincts." During the summer preceding admission he had been under the doctor's care for about two months, complaining of liver trouble.

Onset of Psychosis.—Three weeks prior to admission patient appeared rather eccentric. Gave up his work and insisted on attending the local high school, where he upset the equanimity of the institution. Two days prior to admission he became greatly excited. Was allowed to follow his own bent and lacked ability to direct his conduct in proper channels. Said he was going to a dance, and nothing further was heard from him by his friends till the following morning when he was found lying in a ditch beside the railroad track. He appeared to be suffering somewhat from exposure. He was taken to a general hospital in his village from which institution he is believed to have escaped and wandered a distance of ten or fifteen miles. Again taken into custody, he was in a great state of activity. At the station wrote and dictated numerous telegrams to imaginary people in various parts of the country; then gave his attention to the telephone, and sent in a variety of calls, keeping up a running fire of conversation. He then went to the office of a local manufacturing company, where he again took possession of the telephone, so that the manager was forced to call a constable. He assaulted the constable, and

owing to his active and athletic proclivities it required several men to control him. Placed in the village lockup, he broke the windows and furniture, destroyed his clothing and assaulted the authorities, so that he was allowed to remain in filth and cold without proper warmth or protection from the cold weather.

On admission to the hospital he was in a somnolent state, having been brought in under the influence of a narcotic. *Physical examination* revealed a remarkably well developed and healthy appearing physique. The pulse and heart were strong and entirely competent. He was in a dirty condition, but no physical anomalies were noted. After several hours in the institution he began to show signs of restlessness and continued to become more and more excited from that time forward. Talked rapidly in a rambling manner; was quickly distracted by occurrences about him. First would ask questions and give momentary heed to passing occurrences, but would not stop for reply, and then passed rapidly from one thing to another. Hearing the yells of other patients near him, he expressed the hope that he would not be killed. Was elated and expansive relative to his physical prowess; demonstrating the size of his forearm; becoming ultimately so excited as to be practically uncontrollable, tearing his bed to pieces, yelling and screaming, so that all movable articles were taken from his room. He was treated by prolonged baths, and was noted throughout the day of his admission as laboring under "hyperexcitement of a most intense degree," talking so rapidly as to be scarcely understood, swearing, singing, whimpering and occasionally struggling violently, so that several attendants were required to care for him. The following is a sample of his *spontaneous flight* of ideas taken while he was in the bath:

"Our Heavenly Father, have I got any friends at all in the world?" "I haven't proven a thing—I haven't proven a God damn thing," (speech is so rapid as to be scarcely understood). "Ah! Can I go to Rochester to the East High School? Thank God, I went to church last Sunday and put five dollars on the contribution plate. . . . Our Heavenly Father—(distracted)—break the damn thing quick." (At this juncture becomes intensely active and struggles furiously in the bath, splashing the water all about the floor, yelling and screaming loudly, saying: "Don't put it in my mouth—oh my head is under water," etc. (although every attention is given to him that no water shall get into his face; then suddenly begins to sing) "I never done nothing to nobody no time"; (then yells and howls at the top of his voice. Continues his excitement, at times lying quietly and talking rapidly in a moderately high-pitched voice; at other times whining and sniveling and at still other times shouting in the manner described. Suddenly he begins yelling loudly) "Oh, I can't open my eyes"—(then sings) "Once I was blind, but now I can see—and Jesus

Christ is a God damned fool—I want to see the people—will anybody send a card in? Ah, will you help me—take hold of my foot—give me a chance to telegraph—they won't give me a chance to telegraph—they won't give me a chance to telegraph. Heavenly Father, if you will let me out I will go right out on this mattress and go to sleep—they are killing me; they are drowning me—Mr. Burke, will you help me. They took and doped me last night—let me out—break a window and let me out—let the Sodus High School come up here a minute—I always loved that school. I will stay right in this place till the car comes to Rochester—is that fair? Go on out, will you please, Bill?” (Then becomes quiet for a moment.) “Who was down at Sodus Point last night? Is Hattie Percy anywhere in the audience?” (Raises his voice) “Where is George . . . etc., etc.”

While in the tub the following morning, without warning the patient suddenly passed into a convulsive state, characterized by generalized clonic spasm of the muscles of the abdomen and lower extremities, and to a less degree of those of the upper extremities, face and neck. These clonic contractions were of a particularly fine, vibratory character, and none of the commonly observed coarse jactitations, with foaming at the mouth of an epileptic, were noted. He was at once removed from the bath and placed in bed. Subsequently he was comatose. Was observed frequently by physician and attendants. His pulse was very rapid and throbbing, though full and regular; conjunctivæ insensitive; pupils regular, moderately dilated and without response to light; respirations stertorous. About half an hour following the convulsion during one of the numerous examinations which were made by writer following the fit, the pulse was found absent at the wrist. In listening over the heart, the rhythm was very feeble, but rapid and regular, recording 150 or 160. Patient appeared to be in a state of collapse. Active stimulants of strychnine, normal salt solution by hypodermoclysis, etc., were administered, but without result and patient died about 4½ hours following the fit.

In the last case recurrent attacks were noted, the exact nature of which cannot, of course, be stated; but, in view of the manifestly complete recoveries which followed each period of mental upset and the description of acute excitement followed by dullness, apathy and retardation (probably depression), the impress of the manic-depressive character of the psychosis seems evident. The development of the terminal psychosis, which was studied by us, was essentially manic, and in the hospital the abstract shows clearly the tendency to flight of ideas, pressure of purposeful psychomotor activity, ability to understand questions and tendency to trifling and flippant replies, dramatic attitudes, distractibility, etc., all pointing in a similar direction. He received many severe bruises in the course of his activity, especially about the limbs, and it is believed that the thrombosis of the left

iliac artery was due to arteritis as the result of injury. In this case, as will be noted, autopsy findings to account for the remarkable temperature (108.6° one half hour before death) and the fatal ending are entirely inadequate.

CASE V. G. L. McG.—Admitted to Rochester State Hospital July 8, 1907. Discharged by death from acute delirious mania and gangrene of left leg, July 16, 1907. Diagnosis—manic-depressive excitement.

Family History.—Negative so far as nervous or mental diseases were concerned.

Personal History.—Patient is a young man of 27 years. Had always been healthy and vigorous as a boy; bright and intelligent, graduating from high school between the ages of 18 and 19 years. Shortly following graduation, volunteered as a soldier in the Spanish-American War; stationed at Camp Black, where he suffered sunstroke, though the particulars of this instance are not known to our informant—he was not thought to have been seriously affected, however. In 1899, following his return home from the army, he seemed somewhat sallow and had lost flesh. A few days later, while at home, a few mental symptoms were noted, when he jumped suddenly from the veranda, ran into the street and lay down in the middle of the road. Taken into the house and placed in bed, he was rambling in his talk and restless. Physicians who were called diagnosed the condition at that time as meningitis, which they thought had been caused by the sunstroke. He was sleepless, and in his elaboration talked of his army and school life. His attention could be gained by speaking loudly to him, but he was very distractible and would talk of other things, being unable to keep his mind to one topic for more than a moment at a time. He remained ill and confined to bed the greater portion of the time during a period of several months. Following his acute excitement he is noted as having been somewhat dull and rather apathetic, so that it was hard to get him started in his eating or in his movements about the house; had but little to say.

He appeared to make a good recovery. Took up the teaching of stenography in a night school. Some two years later entered a law office where he worked and studied, and two years later passed the examination for admission to the bar; opened a law office in New York city. Was interested in politics and ran for the position of alderman, though he was defeated.

Shortly after his election experience he again suffered from a mental attack, which is said to have been quite similar, but less severe and of shorter duration. In both instances it was possible for him to be cared for at home. Following an apparently complete recovery from this second mental attack he obtained a position in the law department of a New York insurance company,

demonstrating his ability by working up till one of the best positions of the department was assigned to him, and this position he held until the onset of the terminal psychosis. He was described as having been temperate, reliable and industrious; social and of buoyant temperament.

Onset of Psychosis.—On July 5, 1907, without assigned cause patient suddenly appeared to become excited. He was restless; talked incessantly in a rambling and incoherent manner. He was brought from New York to Rochester, but on the train was greatly excited and talkative, so that it was necessary to hold him in his seat much of the time. Passed from topic to topic in the most uncontrolled manner in his spontaneous talk. On his arrival in Rochester, his manner was theatrical; spoke in an oratorical way, though his speech continued to be of a drifting, incoherent character. Within a short time he became noisy, yelling, shouting at the top of his voice; threatened to jump out of the window; assumed a somewhat threatening attitude; broke away from his father, who was attempting to care for him, and ran into the street in scanty attire. In the street continued to yell, running rapidly back and forth near the house, so that it was necessary to call the police in order to secure his return to his home. Continued to be quite noisy for two days following his return to Rochester, and on the third day it was decided to commit him to the Rochester State Hospital. At that time it was noted that he had not slept since his arrival in Rochester, and he complained of severe pain in the occipital region.

In the hospital he was observed to be a well-built young man, with flushed face, pupils dilated, and he was laboring under considerable excitement. He had some difficulty in giving certain data relative to himself, as it seemed hard for him to recall. Appreciated the nature of the institution, however. While in the office he broke away from the attendants, jumped from his chair and lurched forward, so that it was necessary to hold him constantly during the interview; talked incessantly in an incoherent and rambling manner. Conduct was quite dramatic. The following is a sample of his *spontaneous stream of thought* at this time:

"Rochester, Rochester—piece of sand—there is the Rochester Insane Asylum. Oh God, what a record—what in hell have I been doing—why don't I bang my head against the wall and wake up. Oh dear! Oh dear! Oh dear! When I play chess again—oh, for a little bit of dynamite—blow the thing up." (Suddenly brings his hand down heavily on the floor.)

Taken to the ward and placed in bed, he threw himself about; sat up; was very restless; would roam about his room much of the time, declaiming in dramatic attitudes. He showed typical flight of ideas. His attention could be gained by speaking sharply to him, but could be held but momentarily owing to his distractibility. The following spontaneous speech shows typical psycho-

motor flight, and the appended questions put to him two days following his admission indicate his degree of excitement and the flippancy of many of his utterances, while at the same time indicating good grasp on the questions put to him, but marked distractibility and pressure of ideas.

"Send in my father—W. J. McG.—he can't be far away—now I will be civilized—now I do this every morning. (Jumps up and down rapidly on the springs of the bed; then observes a nurse passing the door and shouts) "Don't bring a crowd of boys—halt—halt—I don't receive anybody except Oxford men—I am 27 years old—now just keep still. (Stops and appears to be listening intently.) Now, that was it—now the Irish have the wires—now I need my ears open—are you Walter McK.?"

What place is this? "Rochester State Hospital (distracted); this is a little stunt I have to do to get a breakfast here—in London we get a milk punch before we get up. I have been decently treated here—we had something in our family. If that Thaw—I'll try his case for him if he is a good boy."

When did you come here? "I came here last night—night before last—night before that—four days." (Incorrect.)

What has been the trouble? "I fell in love—that is my way of falling in love—chestnuts. Her father wanted a quiet man, so I became a London dude. (Points toward examiner, then to the attendant and then to himself and says) Three brothers here. (Then becomes distracted and assumes an attitude of listening; then speaks irritably) Get off the wire. (Then is again distracted by another patient speaking outside his room, and says) Stop it—don't you see that a man that goes over in a corner gets very energetic. (Distracted again, and begins to rub his head vigorously with his hands.) Wash my head."

Is your home in Rochester? "My people, my father, mother and sister live there."

What day is today? "I don't know except there are three of us here—it might be Sunday." (It was Wednesday.)

What month is it? "Same old month—change the month—change the month."

What do you want to do? "I want a vacation—get off duty—I want Kim."

Who is Kim? "I never make up," . . . (Reply completely irrelevant.)

Have you been sick? (Does not reply to question, but begins to hum; this he keeps up for a minute or so; then he stops and the question is asked "what does that mean?") It means touch those wires—see what you get—shake hands—shake hands. (Reaches out his hand to shake hands with the examiner and then with the attendants.) The next thing you'll ask me is what I want—next a glass of punch, . . ."

Do you know who George Cohen, the actor, is? All Cohens

look alike to me— I am G. L. McG. I am going to try the innocent and condemn the criminals.” (Continues to elaborate in a singing fashion, improvising a tune of a simple character.)

What did you do in New York City? “I was in the New York Fidelity and Casualty Company. In July I just went crazy with the heat.”

Were you in the army during the Spanish-American War? “The Seventh Battery, . . .”

Where were you located? “Long Island,” etc.

He continued to get rest only under the influence of sedatives, being restless and uneasy, throwing himself about on the floor and against the bed, with the result that severe bruises were noted on his skin. Bowels were active. He took nourishment fairly well, but on several occasions knocked the tray containing his food to the floor and refused to eat anything.

On July 16, one week following admission, it was noted that he continued to be in a state of excitement, though through the administration of sedatives the intensity of its character had lessened. He was kept in bed, and in a restraining apparatus a portion of the time. He talked almost constantly unless under the influence of sedatives. On that day he developed a high temperature ($104\frac{1}{2}^{\circ}$). A physical examination revealed the fact that the left foot was somewhat colorless and apparently there was almost complete loss of function at the ankle joint. The toes were cyanosed, and on the outer side of the ankle there were several blebs containing bloody serum. The surface temperature of the foot and ankle on the affected side was colder than that of the opposite member. No abnormality of chest or abdominal organs was noted. Patient was very restless, tossing and throwing himself about, so that it was necessary for an attendant to be constantly near him. He talked continuously in a rambling, but rather weak voice; seemed somewhat exhausted. The affection of the left foot and ankle showed a tendency to extend up the leg, and the blebs increased in size. The bowels were moved by enemata. His condition continued to grow worse throughout the day, and during the afternoon he passed into a condition of coma. *Physical examination* failed to reveal abnormality of the heart or lungs. The pulsation of the right femoral artery could be distinctly felt, but no pulsation could be detected in the left femoral. The left leg at this time showed a duskiness extending from the hip to the knee, while the discoloration from the knee down had become more marked. There was moderate cyanosis of the right leg as well. About one half hour prior to death at 8.30 p.m. on the sixteenth of July, the axillary temperature recorded 108.6° F.; pulse 106; respiration 33.

Autopsy performed two hours subsequent to death showed the left iliac artery about 2 inches from the branching of the

aorta to be occluded by well marked blood clot traced downward below Poupart's ligament into the femoral artery. No injury of the vessel wall could be detected, and no evidence of an embolus could be found. The right iliac artery was free of clots. No cardiac anomaly was noted, nor were there noteworthy findings in the brain, aside from some adhesions binding the temporal lobes and a slight injection of the pia vessels.

It is emphasized, in conclusion, that while it is not our purpose to attempt the assertion that manic-depressive insanity *per se* is ever attended by climax in the nature of fulminant delirium (our own observations being too limited and added studies by other students in psychiatry essential), precedent for such thought may be entertained in the status epilepticus, which forms the true climax of the epilepsies; but it is urged that, so far as our studies justify an opinion, fulminating delirium may form such climax in several types of alienation, including dementia præcox and manic-depressive insanity, wherein no reasonable thought of exogenous factors can be entertained.

And finally it is suggested that special attention be given to all fulminating forms of delirium occurring in institutions for the insane, in an effort to determine these issues, having due regard to all apparent exogenous and endogenous causes, and holding these several varieties of collapse deliria to the groups in which they manifestly belong.