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ESSAYS, CASES, AND SELECTIONS.

ON A FORM OF INSANITY FOR WHICH THE NAME OF
CONGESTIVE MANIA HAS BEEN PROPOSED. BY J. H.
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*Read before the Association of Medical Superintendents of Amer-
ican Institutions for the Insane.*

THE question whether disorders of the nervous system are increas-
ing in a more rapid ratio than that of the population of our country,
is one of deep interest, and though there may be no sufficient data
for deciding it in the affirmative, there are strong reasons for believ-
ing that facts would justify such a conclusion.

We have only to consider the large number of patients affected
with the worst and most dangerous forms of insanity, collected to-
gether in the hospitals of the large cities of England and France,
and the rapid increase of our own cities and towns, in which an ar-
tificial and luxurious mode of living on one hand, and the cares and
anxiety of securing a livelihood in the midst of the competition of a
dense population on the other, are assimilating all classes of society
more and more to the circumstances of the residents of the large

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European cities, to be convinced of the dangers which await us from the increase of causes which have proved to be most productive of the severer forms of mental disorder.

It is to be hoped that so extensive a prevalence of the worst grades of insanity, culminating in general paralysis, as exists at this time in the hospitals of Europe, may never be witnessed in this country. There is, however, a form of cerebral disorder presenting some of the prominent mental characteristics of general paralysis, and arising from the same causes, which, it appears to me, is on the increase in our large cities, and which I have thought might profitably claim the attention of the Association.

The mental disorder in this class of cases, of which I propose to give a brief description, I have always been in the habit of considering as symptomatic of some grave organic lesion of the brain. From the commencement of the attack, the intellectual disorder is strikingly different from that which is manifested in ordinary insanity. It may appear under any of the usual forms of insanity. The patient may be excited, as in mania and monomania, or depressed, as in melancholia; but, in addition to emotional disorder and the delusions which are prominent characters of these forms of insanity, there are evidences of decided intellectual impairment. The memory is, I believe, nearly always more or less affected, sometimes to the extent of completely blotting out every event of the past life. The patient is generally unable to note the lapse of time, or to form a correct idea of his locality, or of the circumstances by which he is surrounded. Persons affected with this form of insanity are frequently in error respecting their place of abode;—if in a public institution fancying that they are in a hotel, and that they have business requiring attention in the next street. The merchant has some important engagement, the physician his patients whom he is anxious to visit, and the mechanic imagines he has been engaged in his daily occupation, and wishes to return to his family who are expecting him. In these cases the memory, if not entirely null, is so far impaired that the patient is unable to connect his present with his former situation by an intervening chain of events, by which means his erroneous conceptions might be corrected.

The degree of mental impairment which always exists in these cases, indicating a serious lesion of the cerebral structure, and the consequent gravity of the prognosis, seems to require that they should be distinguished from cases of simple insanity, in which the mental manifestations and termination are so different. The mental condition peculiar to them is scarcely ever observed to originate during the progress of ordinary mania or melancholia. On the other hand, their characteristic physiognomy is strongly impressed upon them from the beginning; so that you will be able to say, with great certainty, that a case is incurable, when otherwise the recent origin of the disorder would warrant the strongest expectations of recovery.

In some of these cases the insanity, consisting mainly of the most extravagant delusions respecting the wealth or social position of the patient, very closely resembles that form of mental aberration which was until recently considered as almost exclusively belonging to general paralysis. A distinguished French alienist* has not hesitated to class these with the last named disease, even before the appearance of the slightest symptom of paralysis. Another celebrated authority,† while recognizing the serious character of these cases, and believing that they frequently end in paralytic insanity, is still unwilling that they should be distinguished from cases of simple insanity, until evidences of impaired muscular action are unequivocally present. A third equally eminent name‡ has declared in favor of separating these cases from simple insanity on the one hand, and from general paralysis on the other, and making of them a distinct class, under the name of "congestive mania." This term seems well adapted to express the character of the cases which I propose to describe, and I make use of it rather as a matter of convenience than for the purpose of dignifying them with the rank of a distinct disease.

The prominent mental characteristic of congestive mania is di-

* Dr. J. Falret, *Annales Médico-Psychologiques*, tome v, p. 127.

† Dr. Parchappe, *Annales Médico-Psychologiques*, tome v, p. 479.

‡ Dr. Baillarger, *Annales Médico-Psychologiques*, tome iv, p. 579.

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minished power, which is manifested chiefly by confusion of ideas, incoherence of language, and impaired memory. The term confusion of ideas seems to me very expressive of that condition of mental chaos in which—

“*Congestaque eodem*

Non bene junctarum discordia semina rerum;”

in which the discordant elements of thought are so confused and mingled together, that the patient is unable to arrange them in an orderly and connected manner. The incoherence differs from that observed in ordinary mania, which results from an exuberance of ideas struggling, as it were, for expression, and forcing themselves into utterance without any regard to orderly arrangement; while in this form of mania, the want of coherence is owing rather to the absence of that mental vigor which is necessary for following out a connected train of thought.

Failure of memory is, however, the most striking indication of the intellectual impairment. It is not unusual, when patients affected with this form of insanity are taken to a public institution, for them to retain but very indistinct recollections of their journey, and these even may be very soon entirely obliterated. When left by their friends they scarcely inquire after them, or realize the novelty of their position. They imagine themselves to be engaged about their customary business, because they are unable to draw correct conclusions respecting their position from the circumstances in which they are placed, and because their memory fails to present to their minds the succession of occurrences which is necessary to connect, and at the same time to separate their past and present. Patients affected with simple insanity, when placed for medical care in an institution, generally recognize at once the character of the establishment, and frequently manifest considerable ingenuity in framing reasons for their confinement, which may appear to themselves or others consistent with the theory of their own mental integrity. The profound mental impairment of those affected with congestive mania is shown, on the other hand, by the fact, that they are seldom aware of the nature of the institution in which they may be temporarily residing,

and, if they are partially conscious at intervals of their confinement, they can discover nothing in the fact that is inconsistent with the ideas they entertain of their perfect mental and physical health, or of their exalted station and influence, and never seem to feel the necessity of doing away with the imputation of insanity by explaining why they, who are perfectly sane, should be placed in confinement with lunatics. Those affected with simple madness often display great energy and perseverance in the pursuit of an object, and are very ingenious in adapting their means to the end in view. In congestive mania, on the other hand, patients seldom manifest much perseverance in the accomplishment of their designs, and when they do so the means they employ are often ludicrously disproportionate to the results they anticipate. Sometimes, as in ordinary mania, patients manifest considerable muscular energy and activity, and a strong desire to be in motion, but their activity is generally without an object, and appears to be mechanical rather than voluntary.

The form which the mental disorder assumes in congestive mania varies in different cases, and is dependent upon the predominance of emotional excitement on the one hand, or of depression on the other. The patient sometimes presents the wild excitement of the highest grades of ordinary mania. He may be violent, destructive and noisy, and as he is, in consequence of the impairment of his reasoning powers, incapable of being influenced by any appeal to his better judgment, he is frequently very difficult to control. In many cases the emotional condition partakes of that gay and expansive character, which has been so frequently described as a symptom of general paralysis. The patient is pleased with himself and every one with whom he comes in contact. He entertains the most extravagant delusions respecting his fortune, his social position, or his personal influence. He believes himself the possessor of immense wealth, and has offices, gifts or preferments to bestow upon all. He forms the most magnificent schemes for his own and the aggrandizement of his friends, and is most profuse in his promises to those whom he is desirous of enlisting in his service. He thinks himself in perfect physical health, and possessed of great muscular strength, and distin-

guished mental abilities. These patients are frequently subject to hallucinations, especially of hearing, and voices at enormous distances, which no other ear can hear, are plainly audible to them ; and they thus hold conversations with the Almighty, or with distant or departed friends. Their manner is frank, open and free, and their whole figure and expression manifest the highest degree of satisfaction, contentment and happiness.

The prominent delusions, on the other hand, may be of a painful character. The patient will be impressed with the conviction that his sins have incurred the Divine displeasure, and that he can never obtain forgiveness. They sometimes accuse themselves of great crimes, which they say they have secretly committed, and believe that their malady, of which they are to some extent conscious, is sent as a judgment from Heaven to punish them. They believe that their misdeeds have brought extreme distress upon their families, and all that are most dear to them ; or that they have rendered themselves amenable to justice, and that the institution where they may have been placed for medical treatment is a prison where they have been sent for punishment, and where they are doomed to undergo the most dreadful tortures. They imagine that they are to be burned or flayed alive ; that they are to be scalded to death ; that they are to be shot, or hanged, or poisoned. They are frequently harassed by hallucinations, and fancy that they hear voices threatening them with punishment, or devising means for their torture. In some instances they voluntarily seek death, as the only mode of escape from their sufferings ; in others, under the impression that it is sinful to eat, or because God has forbidden them to do so, they refuse nourishment for long periods, and in consequence become extremely weak and emaciated. They frequently imagine themselves to be the victims of some secret persecution, and that their enemies are seeking means to compass their destruction. They believe themselves acted on by some mysterious influence, which they call magnetism or electricity, and by which they suppose their enemies are able to injure them without fear of discovery.

In another class of cases the emotional disturbance may be very

slight, even at the commencement of the attack, and there may be very little outward manifestation, either in language or conduct, of the serious nature of the disease, which may have fastened itself irremediably upon the patient. He may quietly entertain some delusion respecting his fortune or social position, or believe himself under the special guidance and protection of the Almighty, and may be subject to various hallucinations, while his language and deportment, to common observation, may be those of a sane person. But in these cases there is always marked impairment of the mental faculties, under the form of enfeebled memory, or inability to comprehend any subject upon which you may wish to fix his attention. When conversing with a case of this description, you will sometimes be made painfully sensible of the futility of every effort to impress him with a new idea, while he may perhaps talk sensibly and rationally on subjects with which he is already familiar.

The above are the prominent mental characteristics of the cases of insanity which I propose to describe under the name of congestive mania. The most of the symptoms which have been named are, however, met with in cases of simple insanity, under one or another of its various forms, and I would now call the attention of the Association to a different class of symptoms, which may be considered as peculiar to the congestive form of the disease, and therefore as distinguishing it from simple insanity. These are the physical phenomena indicating the congestive character of the disease, which has attacked the nervous centres.

Among the general symptoms peculiar to congestive mania, are those which indicate cerebral oppression; and these may vary from slight giddiness or confusion of ideas, to the most complete deprivation of sense and motion. Instead of the heightened sensibility to external impressions, which is a striking characteristic of simple mania, there is always in the congestive form diminished acuteness of perception. Though the organs of the special senses may be perfect, the brain seems incapable of receiving clear and distinct impressions of outward objects, so that the patient rarely forms correct ideas of the circumstances in the midst of which he is placed. As in gene-

ral paralysis, there is diminished sensibility to pain, and in some instances, where the congestion extends to the portions of the brain supplying nerves to the sensitive organs, there is impairment of vision or of the senses of smell and taste, and patients sometimes experience a sensation of numbness in the extremities. Another set of symptoms which indicate cerebral congestion, are those which, without amounting to paralysis, are yet evidences of diminished muscular power; such as tremulousness of the hands, lips or tongue, unequal dilatation of the pupils, and indistinct articulation, when it is slight, and when it is observed only at long intervals. In some cases the whole muscular system seems to be remarkably deficient in energy. The patient walks bending forward, or with a shuffling motion of the feet, and all his movements are stiff and constrained; or he reels from side to side in walking, like an intoxicated person. In other cases there is evident though slight paralysis, which is frequently temporary, confined to a single muscle or set of muscles, and manifested by the drooping of an eyelid or slight relaxation of the muscles of one side of the face. There are cases, again, where the muscular system is affected with spasm—there may be grinding of the teeth, or muscular jerkings of the extremities, or the whole system may be affected with convulsions which closely resemble those of epilepsy.

In some cases the disease commences with an attack of cerebral congestion, during which the patient remains unconscious for perhaps only a short period. On recovering consciousness he will appear confused and bewildered, and the mental disorder will gradually increase until it amounts to decided insanity. At the same time the pupils may be unequally dilated, or muscular tremors may be observed in the tongue or lips, or in the upper extremities. In other cases there may be several attacks of unconsciousness, without any appearance of mental aberration for a considerable time. In others, again, the congestion may be so slight as not to render the patient unconscious, and he will complain only of giddiness and confusion of ideas, until at length mental disorder will become more manifest.

In another class of cases the mental aberration exists for a considerable time before the physical symptoms, indicating the nature

of the disease, make their appearance. Here, however, the insanity generally manifests that peculiar tendency to dementia, which has been mentioned above as denoting the congestive form of the disease. After the attack has existed for several weeks or months, the patient will be found exhibiting symptoms of decided cerebral congestion. Having previously been in a condition of high mental excitement, he will all at once appear silent, subdued and bewildered, he will be unable to comprehend anything that is said to him, will perhaps be unable to speak, and in walking his body will incline to one side. These symptoms may continue for a few hours, and under appropriate treatment the patient may gradually be restored to his former condition, or they may speedily be followed by an attack of convulsions resembling epilepsy, succeeded by coma of many hours duration.

Some of these cases are presented under the sub-acute form, and resemble somewhat that affection which has been described by Dr. Bell of Massachusetts as a new form of disease, by different authors under the name of acute delirium, and by Dr. Calmeil as insidious peri-encephalitis. Patients manifesting the symptoms which have been described under the above names, sometimes linger a considerable time, and before death, and even during the whole progress of their disease, present tremors and other signs of muscular impairment, which have been described above as peculiar to this form of disease, and as indicative of cerebral congestion. In these cases the patient sleeps but little, and the digestive functions become seriously implicated. The natural desire for food and drinks is entirely lost, the tongue is covered with a thick fur, and at length becomes dry and brown, the breath has a peculiar acid or an offensive odor, emaciation rapidly progresses, eschars form on the parts of the body most subject to pressure, and the patient dies, apparently exhausted in consequence of long continued nervous irritation, and impairment of the nutritive functions, rather than from the direct action of the disease upon the brain itself.

In congestive mania there is a strong tendency of the system to that form of general, functional impairment, which has been des-

cribed by Dr. Parchappe under the name of *cerebral marasmus*. Under the influence of the various painful delusions from which these patients so frequently suffer, but more especially owing to the depressing effect of the cerebral disorder upon all the functions, the vital powers become gradually exhausted. Sometimes, even when food is taken freely and regularly, the patient rapidly emaciates, and his muscular strength diminishes, until he is no longer able to keep on his feet. In these cases of marasmus there is frequently a tendency to the formation of abscesses in the subcutaneous cellular tissue, which may thus become infiltrated with pus in large quantities. The mucous membranes appear to be particularly disposed to take on inflammation, and troublesome diarrhœa or bronchitis frequently sets in. The circulation gradually becomes weaker, and eschars form over the sacrum or trochanters. All these complications tend to exhaust the remaining strength of the patient, and to hasten the fatal termination of the disease.

In some cases where the patient has remained stationary for a considerable time, enjoying a good share of bodily health, symptoms of acute cerebral disease will be all at once presented. The pulse will become frequent, there will be almost entire absence of sleep, the delusions will be of the most painful and distressing character, the patient will be in constant agitation and will require to be kept in bed by main force, and will obstinately refuse food and medicine and every attention that his case requires. With these symptoms he will go on from bad to worse for several days, when he will suddenly be found in a sinking condition, and die in a few hours in a state of profound collapse. In other cases a comatose condition, sometimes preceded by convulsions, at others becoming more gradually established, makes its appearance, and is followed by death in a few hours.

Some cases occurring in young persons of good constitutions, who have presented the symptoms indicating a slight degree of cerebral congestion, are gradually restored to mental health and vigor. In other cases, though the delusions and all emotional disturbance have vanished, and there is no decided symptom of mental disorder remaining, there is something about the patient which leaves a doubt

on the mind of the physician of his entire recovery. In these cases there is a slowness and manifest effort in the intellectual operations, which clearly show the injury which the organ of thought has sustained, and its consequent unfitness for performing its functions with the quickness and ease natural to it in health. Such patients are liable to a renewal of the original cerebral disorder, which may be of so aggravated a character as speedily to destroy life, or the brain may only be injured to an extent which leaves the patient permanently demented. In some cases the disease, after a course of many months, takes on the characters of general paralysis. The patient gradually loses the power of articulation, his gait becomes unsteady, his limbs at length refuse to support his weight, and all the symptoms of that form of cerebral disease are fully established.

The character of the mental aberration—the chaotic confusion of ideas, the incoherence, the impairment or loss of memory, the inability of the patient to form correct conclusions respecting his locality from surrounding objects, all indicating a profound lesion of the intelligence—will in any case of insanity of recent origin be sufficient to arouse the fears of the practical alienist, who will at once conclude that in a case presenting this form of aberration he has to manage a very different disease from ordinary insanity. Dr. Parchappe* ranks all cases presenting this mental condition with simple insanity, and considers them as cases of purely *dynamic* or functional disorder, while he attributes the *plastic* or organic character to those cases only which present the complication of general paralysis. Cases are, however, frequently met with, sometimes under the form of ambitious mania, sometimes under that of melancholia or hypochondriasis, presenting the condition of mental impairment which has been described above, but without the slightest symptom of paralysis, which, on account of their incurable character, or their speedily fatal termination, it is of the utmost importance, in a practical point of view, to distinguish from simple insanity. Dr. Guislain (*sur les Phrenopathies*, vol. 1, p. 368,) has spoken of the difficulty of dis-

* *Annales Médico-Psychologiques*, vol. 4, p. 475.

tinguishing insanity accompanied with cerebral congestion, during its early stages, from the simple uncomplicated form of the disease. "The conditions," says he, "which excite the fears of the physician, are the persistence and increase of the mental disorder, the complete absence of moments of calmness and rationality, the appearance of acute symptoms in a case which has become chronic, confusion and incoherence of ideas, accompanied with feebleness of conception and memory, spreading itself like a veil over all the perceptions. * * You may suspect its existence if, from the origin of the malady, you observe violent passions in connection with great disturbance in the domain of thought, and if you observe ideas which recall a state of marked intoxication, if from the beginning the conversation is incoherent, if the words have neither order nor connexion, and if there is exaggeration, existing at the same time with enfeeblement of thought, if the answers of the patient bear the impress of extravagance, if he boasts with a puerile air of his bravery, his wealth or his intellect." This author remarks that as long as the ideas are clear, however extravagant they may be, there is no reason to fear cerebral congestion. It is not to be suspected in simple insanity, or in cases where an exaltation of the passions or emotions, or even an unaccustomed impulse of the will characterizes the disease, nor in any other form of insanity which does not present indications of decided intellectual impairment. He speaks of emaciation, muscular rigidity, involuntary evacuations, convulsions and paralysis, as diagnostic signs of this complication. When the congestion produces effusion between the membranes, "the symptoms," says he, "are sometimes truly alarming. They consist of a sudden change in the mental and physical condition of the patient. Sometimes a state of coma is followed by a notable loss in the sum of the intellectual acts, in other cases there is incomplete hemiplegia, muscular contractions, jerkings or general convulsions, followed by complete suspension of all the sensorial acts."

The above symptoms when fully developed will leave no room for doubt as to the nature of the disease, as distinguished from simple insanity. During its forming stage, before the certain indications of

congestion have made their appearance, the existence of such evidences of intellectual impairment as have been described, will put the physician on his guard against deciding too hastily as to the harmless nature of the malady. From general paralysis, it may be known by the absence of all symptoms of paralysis, except such as are only occasional and temporary, very partial in their extent and so slight as scarcely to attract notice. In that disease, the paralysis, though slight in the beginning, is manifested in all parts of the muscular system, is constantly progressive, and at length, both in extent and severity, comes to be the most striking feature of the disease.

That there is a very strong relationship between congestive mania and general paralysis, is fully attested by the resemblance of the mental disorder, and the identity of causes which produce the two forms; and if it were possible for paralytic insanity to exist without paralysis, we might feel tempted to refer both classes of cases to that affection as to an admitted and well established form of cerebral disease. There is indeed strong ground for believing them to be identical in their nature, and that consequently the paralysis is not an essential feature, but only a complication or one of the modes of termination of the disease. Dr. Parchappe, it is true, classes all cases such as I have been describing with simple insanity, under the head of purely functional disorder, and makes them essentially distinct from cases of general paralysis, which he considers as dependent upon a structural, organic change of the cerebral tissue. I believe, however, that softening, such as has been observed in the cortical substance of the brain, to which he attributes paralytic insanity, is far from being admitted by pathologists as a primary, idiopathic affection. If this softening is not entitled to be so regarded, the paralytic symptoms can not be properly referred to it as their cause, but to some anterior, morbid action of which it is the result. Dr. Calmeil* considers this morbid action to be inflammatory in its nature, and has given it the name of chronic diffused peri-encephalitis. The same author describes cases of the acute cerebral affection, which

* *Traité des maladies inflam du cerveau*, vol. 1, p. 261.

has been already mentioned under the name of acute delirium, as acute peri-encephalitis under the insidious form. The resemblance of congestive mania to that affection has already been spoken of, and it appears to me that it occupies the position of a connecting link between the acute and chronic forms of the same cerebral disease, viz, a congestive or inflammatory affection of the cortical cerebral substance, in its most acute form, running a rapid course, and generally terminating fatally from the eighth to the fourteenth day, sometimes in its milder forms ending in apparent recovery, but frequently passing into the variety of chronic mania which I have been engaged in describing, and sometimes ending in general paralysis. All may not be agreed upon the inflammatory nature of the affection, but the fact that it is constantly accompanied with cerebral congestion, will perhaps not be denied by any one, and the word *congestive*, expressing this fact, though possibly not fully indicating the nature of the disease, appears to me to be highly appropriate, as well as convenient, for designating those cases in which the paralytic symptoms are absent. It has been proposed for this purpose by Dr. Baillarger, in whose opinion this form of mania frequently terminates in paralytic dementia, to which it bears the same relation that simple mania does to simple dementia.

CASES OF HYSTERIA AND HYSTEROMANIA.

Perhaps there is no term in common medical phraseology to which so loose and indefinite a meaning is attached, as that of hysteria. In the diseases of females, any morbid sensation which is not directly connected with some of the more positive forms of disease, any singular spasm or convulsion, any exhibition of fancy or emotion for which the experience of the practitioner has no counterpart, indeed, every thing by which he is puzzled without being alarmed, is referred to this condition. The popular use of the term, which is