CLINICAL LECTURES

ON

MENTAL AND CEREBRAL DISEASES.

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II.—HYSTERICAL MANIA.

GENTLEMEN,—Your reading and observation must already have taught you something of the intimate correlations which subsist between the brain and the reproductive organs ; and your experience in the wards of our asylum will frequently illustrate these correlations, and impress them upon you. Your study of mental phenomena in health and disease will speedily convince you that they are influenced in no slight degree by the sexual functions, and that they exercise a reciprocal control. Jenner and Hunter showed that the ovaria and testes in birds enlarge during the breeding season, when their highest instinctive efforts are achieved, and waste again at the end of that season, when they sink down to a lower level of life. The period of the rut in animals is accompanied by mental activity, which borders upon morbid excitement, while the gravid state of the uterus in females of our own species may lead not merely to change of temper, morbid appetites, and capricious eccentricity, but to chorea, somnambulism, amaurosis, convulsions, or mental derangement. On the other hand, a condition of mental agitation may derange the menstrual discharge, and ideas may modify the nutrition of the sexual apparatus. A very striking illustration of the power of a persistent delusion to induce changes in the vascularity of the uterus and ovaries was afforded lately by I. N., who is still an inmate of Ward 22. This woman, about whose exact age there seems to be some doubt, but who is certainly over fifty, was received here from Leeds on June 4th, 1870. She is the mother of five children, the youngest of whom is fifteen years old, and was stated by her relatives to have passed through the change of life some four years ago. When admitted here she announced that, notwithstanding her age and other seeming improbabilities, she was two months advanced in pregnancy ; and arguments and assurances, after a careful examination, failed to shake her belief in this fact. She very cogently remarked that she knew what it was to be in the family-way better than the doctors ; and for seven months, in spite of the absence of every recognised sign of her alleged condition, held firmly to her singular belief. At the end of that time—precisely nine months from the date of conception which she had fixed—she intimated that labour-pains had commenced. She went to bed, and insisted on observing all the formalities of the lying-in room. She had a dose of castor-oil and some gin ; she had a sheet fastened to the top of her bed, and by that she held, at stated intervals, gradually diminishing in length, when she cried out as if in the pains of labour, manifested all the appearances of suffering, and broke out in profuse perspiration. Nothing could dislodge the idea that she was about to be delivered of a fine child. This went on for four days, when the abdomen became tympanitic, when she looked as if really exhausted by a protracted labour, and when—and this is the remarkable fact—menstruation recommenced after an interval of four years. The vivid belief had actually modified the circulation in the pelvic viscera, and caused them to resume a function which had been abolished in the order of nature.

Now, it is in the close and subtle relation between the brain and the pelvic viscera, which is so curiously exemplified in the case just described, that the source of hysterical mania, which we are to-day to consider, must be sought. The one constant element in all cases of this disorder is a disturbance of the balance of action and reaction which subsists between the nervous centres and the reproductive organs. In every instance of it the brain and the uterus have their functions conjointly deranged ; for, whatever may be true of simple hysteria, as encountered in general practice, it would not hold good of hysterical mania, as seen in asylums, that it may accomplish its whole course in the cerebrum without involvement of the generative system. The morbid process may originate in the brain or in the uterus ; but in either case it spreads from the one to the other, and upsets that harmony and just proportion of function in which health consists. The mental affection is the more prominent feature in the complaint ; but the uterine factor is not wanting, and it is the latter that confers upon it its distinctive characters. All forms of ordinary hysteria have some mental commotion or enfeeblement associated with them ; and, indeed, so constantly is this the case that hysteria might not improperly be regarded as a men-

tal disease. The incontinence of the emotions, the moral obliquity, the towering egotism, the positive delusions, which characterise it, are common to it and to some recognised forms of insanity, and a slight increase in their intensity and persistency would amount to recognised mental derangement. But the singular fact is, that this slight increase very rarely takes place. Hysterical mania does not, as a rule, occur in girls who have been most acutely hysterical. It much more frequently attacks those who have manifested only hysterical tendencies. True, it does occasionally happen that, at the close of an hysterical paroxysm, mania is developed. Much more commonly, however, the mental disorder which we are now discussing presents itself in those who have only exhibited very mild hysterical phenomena.

It is clear, therefore, that hysterical mania is not a mere exaggeration of the hysterical state. What additional element, then, is involved in its constitution ? To this question I have little hesitation in answering that the insane temperament is that which, when combined with the hysterical temperament, determines the development of hysterical mania on the occurrence of an appropriate exciting cause. My observations have convinced me that a distinction requires to be drawn more accurately than has hitherto been done between the nervous temperament, the hysterical temperament, and the insane temperament ; and that it is in the coexistence of the last two of these that the risk of hysterical mania resides. Where the hereditary taint of madness is present, and betrays itself in peculiarity of thought and feeling, and where at the same time the exalted sensibility and mobility of hysteria are also present to some extent, there is the appropriate soil for the growth of hysterical mania. If, under such circumstances, any irregularity of menstruation lower vital power and augment irritability, then almost inevitably we have hysterical mania. Or if, under such circumstances, intense annoyance, or distress, or disappointment, be encountered, then again almost inevitably we have hysterical mania.

Verification of these statements is easily obtained in the history of cases which have lately passed through this asylum. Some of you must remember S. H., who was an inmate of Ward 34, and who went home on February 17th. This girl was admitted on the 2d June, 1870, and was then seventeen years of age. She was a weaver from Bradford. Her mother had been once temporarily insane and confined in an asylum, and a brother had also been for a brief period out of his mind. She had always been a hard-working girl, and had latterly overtaxed her strength by undertaking many household duties in the evening after her return from the mill, in order to help her mother, who was an invalid. Although she had never before exhibited any signs of mental disease, she had always been excitable and susceptible, and prone to blended outbursts of laughter and tears, which had ended occasionally in choking and twitchings. Fourteen days previously to her reception here, her youngest brother, to whom she was fondly attached, died after a short illness. The bereavement preyed upon her mind. She was very quiet in her manner, and desired to be left alone, until ten days after the event, when suddenly, on the 28th May, grave gave way to gay, the solemn to the ludicrous ; she became hilarious and excited. In a few hours, the excitement had passed into mania. Dances, gesticulations, snatches of songs, and ribald jests, occupied the night, and, with few and short interruptions, the next three days, until she was removed to this hospital. When admitted here, her condition was typical of hysterical mania. She was of middle height, with brown hair, dark-blue eyes, and a pleasing and animated expression of countenance. There was none of the facies hysterica in her comely visage. She was exuberantly garrulous, chattering incoherently on a variety of topics, betraying no fixed delusions, but seizing upon whatever was said to her, and spinning it into the tangled and knotted thread of her discourse. She was quick to comprehend whatever was addressed to her, and her will had evidently not lost all dominion over her conduct, for, when spoken to in a sharp and authoritative manner, she could remain quiet for a few seconds, until the impulse to energise through the vocal apparatus became too strong for her, and broke out once more in voluble utterances. Her emotions were tinged with eroticism. She attempted to embrace the medical officers, and referred perpetually to love and friendship in phraseology which was not after the manner of Plato. She laughed immoderately and sang vigorously from time to time. Her pupils were of average size and sensibility ; her skin was moist, her muscles soft and flaccid, and her tongue clean. The heart and lungs were healthy, the mucous membranes were pale, and the body, though plump, gave general indications of anæmia. She was suffering from leucorrhœa. S. H. remained here for eight months, and twice suffered relapses, after having been apparently restored to health. For the first four months there was amenorrhœa, with leucorrhœa ; and, indeed, permanent recovery did not take place until the menstrual function was re-established in a proper manner.

Now you will have noticed in this case of S. H. an inherited predis-

position to madness, an innate tendency to hysteric perturbations, a great grief, a weak state of health, and menstrual irregularity—in fact, all the conditions which I have enumerated as most important in the etiology of this disease. Lest, however, you should think the case of S. H. in any way exceptional, I shall direct your attention to that of A. H., only lately discharged from Ward 30. This girl, a domestic servant from Dewsbury, twenty-one years old, was admitted on March 2nd, 1871. She was reputed to have had an aunt insane, and to have been always of a peculiar and irritable temper, which led her to go into service in opposition to the wishes of her relatives, her father being a farmer in a comfortable position. When fourteen years of age, she had what is called “a fit”, probably a paroxysm of hysteria; and two years later she suffered from rheumatic fever, which left a loud systolic *bruit* at the base of the heart. During February of this year, a lover, who had been long devoted to her, withdrew his attentions, and thus wounded her pride and her affections. On the 26th of that month, after some days of brooding, she became odd in her manner, and made numerous statements which were known to be erroneous; and on the 28th an attack occurred which those around her at once pronounced hysterics, and in which there were laughter and sobbing, and muscular tremor and startings. From this attack she emerged in a state of mania, talking loudly, incessantly, and incoherently, and then crying out “William” for hours together. When admitted here on the 2nd of March, she presented the symptoms of hysterical mania in as characteristic a way as did S. H., to whom we previously referred. Now in this case also you must remark that the causes in operation were almost precisely those which existed in the case of S. H., and correspond closely with what I have laid down as the essential conditions for the production of hysterical mania. The one condition wanting was the menstrual irregularity; and this was absent only at the outset of the attack, for during its progress the menses were suppressed. As the result of a large experience of hysterical mania, I am satisfied that it is without exception preceded or accompanied by some derangement of the reproductive system, the existence of which is most frequently indicated by alteration or obstruction of the monthly discharge. Even where, however, neither amenorrhœa, leucorrhœa, nor menorrhagia can be discovered, other signs of disorder in the functions of the reproductive organs can be found, if carefully looked for. I well remember a girl named E. B., labouring under hysterical mania, in whom no disturbance of the sexual system could be detected until, towards the close of the attack, distinct irritability of one breast came on. While the excitement lasted, and even after it had subsided, the left mamma was swollen, turgid, and the seat of uneasy sensation, aggravated by pressure, and reaching sometimes to exquisite pain. The consensus existing between the mamma and the uterus, indicated by a variety of facts such as these—that a secretion of milk has been produced by irritation of the womb and the catamenia by poulticing the breasts—entitles us to conclude that there was in this case some uterine or ovarian condition corresponding to the irritability of the mamma, and that there may be in other cases of hysterical mania a disorder of the reproductive system without any very conspicuous outward manifestation. We must bear in mind that irritation or inflammation of an ovary, or ulceration of the cervix uteri, may proceed to some extent without interfering with menstrual regularity, or giving rise to any symptoms which would directly suggest their presence; and we must not, therefore, hastily infer that there is no involvement of the reproductive system in any case of hysterical mania because patent signs of such involvement are not at first discoverable. Masturbation and venereal disorders occasionally cause that irritation of the reproductive system from which hysterical mania results.

To complete your acquaintance with the causes of hysterical mania, I have only now to add that it occurs only in the female sex, and almost exclusively between the ages of fourteen and thirty, and is much more frequent among the single than the married, and in the upper than in the lower classes of society. I know of no form of mental disease thoroughly analogous to it occurring in males. Insanity due to masturbation and sexual excitement in them, although sometimes described as hysterical mania, admits of another classification, and does not conform to our knowledge of that well marked disease. During the last five years there have been only two cases of distinct hysterical mania in this asylum in which the age exceeded thirty. In eighteen cases of which I have drawn up reports, the average age was twenty-one years. This fact in some measure accounts for the larger proportion of single women attacked by hysterical mania, as it is clear that the incursion of the disease most often takes place before the age at which women commonly marry in this country. The hothouse education and artificial and luxurious modes of life prevalent amongst the upper and middle ranks are of course conducive to the evolution of hysterical tendencies. Even in a pauper asylum, the victims of hysterical mania

are seldom without some touch of refinement, some traces of sentiments rather superior to their social lot.

You will have gathered from what I have already said that hysterical mania is a much simpler and better defined disease than ordinary hysteria; and you will be correct in that inference. It is not a mimic nosology, an epitome of morbid action, nor a Protean affection assuming a hundred strange shapes for the very love of lying. It does not puzzle nor baffle diagnosis. It is a tolerably straightforward disorder, and as a rule may be readily recognised. The additional conditions superimposed upon hysteria, when hysterical mania occurs, materially restrict its wanderings, and facilitate its observation and treatment. They cut off innumerable divergencies, render impracticable many disguises, and make its true character much more apparent. But do not imagine therefore that the whole relations of hysteria to insanity are of a comparatively simple character, and that physicians who treat mental diseases are exempt from the worries and perplexities which in general practice hysteria begets. Hysterical mania is not the only form under which hysteria occurs in lunatic asylums. On the contrary, there are several other varieties of insanity which are occasionally complicated by hysterical symptoms, and which may partly originate in hysteria. At the present time, you may see in Ward 24 J. M., and in Ward 26 M. M., who are both labouring under dementia and indubitable epilepsy, and who both also suffer from unquestionable hysteria. In both of them, the hysteria preceded the epilepsy, and seemed to deepen into it. In one, it betrays itself in the simulation of paralysis and numerous other maladies; and in the other, in anomalous paroxysms, in which globus, grimaces, and panting respiration are mixed up with tonic and clonic spasms. You may also see, in Ward 21, R. D., in whom hysteria is mingled with profound melancholia. It is not our present purpose, however, to examine into the hysterical complications of insanity, but only into one well marked type of madness, to which the name of hysterical mania has been correctly assigned.

[To be continued.]

LATENT TYPHOID FEVER: ULCERATION: PERITONITIS: DEATH.

JOHN WITTON, aged 16, labourer, was quite well until from ten days to a fortnight before I saw him, when he was seized with slight shivering, headache, and pains about his body generally. He felt no desire for food, but “took what came”, and continued working until February 26th, but, finding he got no better, came home; and two days afterwards I was sent for to see him. He had not suffered from diarrhoea during this time. I saw him on the afternoon of March 1st, and found him lying on his back. His countenance was anxious and expressive of pain; the skin warm, not sweating or unusually hot; pulse 112, feeble; tongue moist, furred on the dorsum in the centre. The abdomen was not much distended, tympanitic, and very tender on pressure. The bowels had acted the day before. I ordered him calomel and opium, and turpentine stupes to be kept constantly applied. When I saw him on March 2nd, he was in a state of collapse; his extremities were cold and clammy; there was great distress of countenance; the abdomen was very much distended and tympanitic; pulse 120, small and feeble. There was no appearance of any spots. He died at 6 P.M.

NECROPSY, twenty hours after death, made by Dr. Batt and myself. —Quite recent lymph covered the peritoneal surface of the bowels. A perforated ulcer was found in the ileum. Peyer's patches generally were inflamed and congested; and ulcers in various stages were found upwards to the end of the jejunum and downwards as far as the ileo-cæcal valve. Several lumbrici were found in the intestines. The body otherwise was healthy.

I am quite at a loss in this case to account for the lad having typhoid fever at all, as the house in which he lived was situated on the side of a high hill, and quite apart from any other dwelling. The water-supply is from a clear stream rising in the hills at some distance from the house, and so situated that it could not possibly be contaminated with sewage in any way. The germs of fever are, however, present; for, about a fortnight after the death of this patient, another lad living in the same house came to me complaining of all the premonitory symptoms, since which he has gone through a severe attack of the disease. I have no doubt that the lad whose case I have given would have been (humanly speaking) alive now, had he laid up at the commencement of his illness. This case shows well the fact that there is no necessary connexion between the intensity of the general symptoms of the disease and the extent of the intestinal mischief going on or the absolute danger of the case.

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