

Clinical Notes and Cases.

A Case of Acute Mania Relapsing into Unconsciousness Lasting Seven Months.⁽¹⁾ By NATHAN RAW, M.D., M.R.C.P., Physician, Mill Road Infirmary, Liverpool.

THE following case of a girl is of special interest from the fact that although she had not spoken a word for over eight months she suddenly commenced to talk in a most voluble way, and to quote long passages which she had committed to memory as a girl.

History.—The mental history of the girl was fairly good; she had always been bright and active, and fond of reading. An aunt was insane; no other case of insanity in the family was recorded. The girl was engaged in domestic service and was performing all her duties well until three days before admission, when she was observed to be restless and unsettled, with a loss of appetite. That night she was unable to sleep, and commenced to sing and laugh without apparent cause. She rapidly passed into a state of active mania, shouting, gesticulating, and resisting all efforts to help her. Her temperature now commenced to rise and was 103° F.; pulse 126, small and feeble; she was menstruating. As it was impossible to manage her at home she was sent into hospital, when I saw her on admission.

State on admission.—The girl was wildly maniacal and delirious, throwing herself about and quite oblivious of her surroundings. She was a strong, well-developed girl of twenty-two years, and before anything else could be done it was necessary to gently restrain her to prevent self-injury.

She was placed on a mattress in a single room, and a nasal feed of milk and egg given, together with 30 gr. of ammonium bromide.

This had a sedative effect for only half an hour, when her maniacal symptoms reappeared.

Her temperature was now 102° F., pulse 120, and she was extremely ill. It is not necessary to describe in detail to this meeting the symptoms of acute delirious mania, as we are all, unfortunately, too well acquainted with them. She had retention of urine and afterwards incontinence, and the bowels were very constipated, necessitating a strong purgative.

The bowels afterwards became most difficult to move and were in a state of paresis.

We were all most anxious to make a diagnosis if possible, but the most careful and detailed examination of the patient was negative, so far as any physical cause was concerned.

Lumbar puncture was performed, but the fluid, beyond an excess of leucocytes, was quite sterile and did not grow on ordinary media. Microscopically no organisms could be found.

Widal's test was negative, and she gave no reaction to tuberculin by v. Pirquet's method.

We were thus left with a possible case of general meningitis, probably confined to the vertex, as there were no localising symptoms and no signs of paralysis or paresis.

The optic discs were a little congested, but otherwise normal. Kernig's sign was not present, nor was Babinsky's. From this time—that is, three days after admission—she gradually became less excitable and restless, and relapsed into a state of stupor, from which she could not be roused.

For eight months she lay on her back with her eyes wide open, but apparently seeing nothing. Each day as I passed her bed she was in the same trance-like condition. Her eyes did not close at night, temperature and pulse normal, and her limbs were inclined to be flaccid, but occasionally there was some resistance to movement.

Her reflexes, both motor and sensory, were normal throughout.

It was thought she had some chronic meningitis, which had destroyed or impaired her mental faculties, but this proved to be erroneous. After remaining in this helpless condition for eight months she suddenly turned on her side and said, "Where am I, nurse."

She was reassured that all was right, and on being offered a cup of milk she drank it without a stop and asked for more. I saw her within half an hour of this time, and although she did not know who I was, she talked in the most rational and sensible way on subjects relating to her before her illness. I tested her memory regarding general subjects of interest in Liverpool, and she remembered all details of many events. I then asked her to write her name and address, which she did correctly, and then she wrote for me from dictation quite accurately; she could read from print and writing quite properly, and she could repeat long passages of poetry.

I can vouch for the fact that she had never spoken or seen print or writing for eight and a half months, and she was under observation in a ward both night and day.

She made a complete recovery, and is now engaged in her former work without the slightest knowledge of what occurred during her long illness.

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A Case of Aggravated Hysteroid Movements.⁽¹⁾ By
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THE patient was a strong, healthy young man at the onset of his illness. There was no family history of mental or nervous disease; the patient was one of ten children.

He was quite well until his twenty-first year, when he began to have "jerky" movements of his head, in which it was drawn backward and