

ring, but did not speak. A bottle of stout and six ounces of port were ordered.

18th.—She was much better, more rational, not abusive now at all. Her mental faculties were by no means yet in their normal state, but she was easily controlled when spoken to.

19th.—She was quite quiet and well-behaved; still very emaciated. Urine of specific gravity, 1023, not albuminous; deposited lithates and some mucus.

26th.—The skin was cold; pulse very feeble. She was much better; quite calm and rational, but had still a peculiar eager gaze. She took ordinary diet and one egg, and slept very well.

*Clinical remarks by Dr. Jones.*—This case was under the care of Dr. Alderson, to whose kindness I am indebted for permission to use it. The history suggests various considerations of much interest. The brain, we are sure, must have been ill-nourished, showing in this respect the condition of the body. Moreover, the fever-poison had affected it specially, as declared by the previous severe delirium. Its condition was one of prostration and excitement, well described, I think, by the term "hyperæsthesia." It may aid us in forming a better conception of this morbid cerebral affection, if we compare it, as I believe we may very correctly, with hyperæsthesia of a sensory nerve. In the latter, the nerve-power is not truly increased; it is essentially a state of weakness; and in its causation, as well as its cure, is closely related to neuralgia and anæsthesia. Its affinity to such a state of cerebral disorder as I have above described is well exhibited by the following highly interesting instance, which occurred in the practice of Dr. H. Greenhow, to whom I am indebted for the account:—A young man, convalescent from severe typhoid fever, had hyperæsthesia of the legs, and subsequently maniacal delirium, during which the hyperæsthesia disappeared, but returned again with great intensity as the delirium ceased in twelve days under the use of morphia. Here it seems quite reasonable to believe that the pathological condition of the peripheral nervous tissue, and of the cerebral, was very similar, if not identical. What is the exact modification which the neurine undergoes, we shall probably never ascertain; nor does it seem very important to do so, as long as we know what *sort* of change it is, what causes give rise to it, what state of vital power it betokens, and what treatment removes it. The occurrence of an epileptiform fit may be accounted for on the view that the hyperæsthesia extended from the hemispheres to the excitable districts. It is worth remarking, that there were no bed-sores, though the emaciation was very great. This indicates a considerable vitality of the skin. The internal tegument also preserved its vital endowments well, as shown by the capacity to take and digest food effectually. Herein Dr. Alderson's case contrasts favorably with one which I recorded lately (M. G.) where the powers of the stomach were greatly impaired, and there was frequent sickness and loathing of food. "Φυσίως αντιπραττουσης κεννα παντα," says Hippocrates. I am sure it is so when the stomach proves derelict to its duty.

#### *Mania after Fever.*

*Letter from C. LOCKHART ROBERTSON, M.D.*

SIR,—With reference to Mr. Handfield Jones's interesting case of mania following fever, and to his clinical remarks, reported in the 'British Medical Journal' of January 12th, it may be of interest to your readers to compare

these with the annexed passage, which I translate from Professor Griesinger's 'Systematic Treatise on Mental Diseases.'

I am, &c.,  
C. LOCKHART ROBERTSON.

Hayward's Heath;  
January, 1867.

"*Acute febrile diseases* of different kinds occasionally give rise to an outbreak of insanity; the disorders which they occasion within the organism seem to be the only causes of the insanity. Typhus fever, intermittent fever, cholera, the acute exanthemata, pneumonia, and acute rheumatism, are the diseases in which it occurs most frequently. In regard to the latter, the facts are as yet little known and studied: we shall here give this remarkable cause of mental disorders the consideration which it deserves.

"After typhus fever, and as well after a slight as after a severe attack, it is not at all rare to see a slight degree of mental disorder which may be placed in the same category with the slight affections of other parts of the nervous system—incomplete anæsthesia, transient paralysis of the extremities, &c. The patient, now quite free from fever, or even become convalescent, retains either some fragments of his former delirium, or he exhibits, independently of this, all kinds of perversities—erroneous ideas on various subjects, sometimes even in regard to himself; also hallucinations, with nervous exhaustion and weakness, without profound excitation of sentiment. This form of mental disturbance, this species of fragmentary delirium, admits of an altogether favorable prognosis, and almost always disappears rapidly when the nutrition is improved and the strength increased, even though, as sometimes occurs, a certain degree of maniacal excitement be associated with it. But there are also much more severe cases of true chronic insanity which commence during convalescence from typhus fever, or can at least be traced to this and to its slow commencement. Melancholia, which gradually increases; occasionally it is accompanied with stupor—sometimes with ideas of poisoning, refusal of food, early intermixture of symptoms of mental weakness, and transition to mania and profound dementia: such is the ordinary course of those cases in which recovery of the cerebral functions does not take place, which perhaps depend on permanent disturbances of nutrition of the brain; but, at all events, the prognosis is, according to experience, always unfavorable."\*

\* "Those who have written upon typhus fever—for example, Chomel, Louis (ii, p. 33, 2nd ed.), Simon ('Journal des Connais. Med.-Chir.,' Août, 1844, p. 53), Sauret ('Annal. Méd.-Psychol.,' 1845, vi, p. 223), Leudet (ibid., 1850, p. 143), Thore (ibid., p. 596), Schläger ('Oesterr. Zeitschrift für prakt. Heilk.,' 1857, 33—35), Tüngel ('Klinische Mittheilungen,' Hamburg, 1860, p. 18)—have also communicated cases of this description. Jacobi, in one eighth of his cases of mania, ascribes the disease to the consequences of typhus fever: it appears to me very doubtful, however, whether this has always been true typhus. Schläger found amongst five hundred mentally diseased, twenty-two cases which could be traced to typhus fever. I cannot indorse the opinion that the foundation of these cases is to be sought in the hyperæmia of the brain which remains after typhus fever; all point rather to states of anæmia and exhaustion, occasionally even with remnants of the fever. In exceptional cases, these diseases may be caused by the presence of sanguineous clots in the sinus of the dura mater, perhaps by meningitis, or by acute atrophy of the brain."