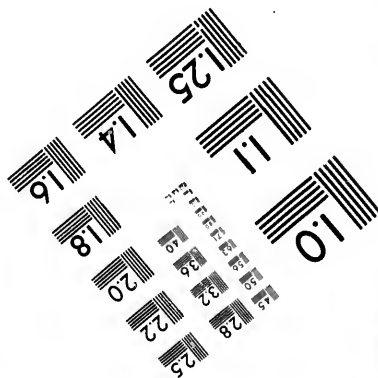
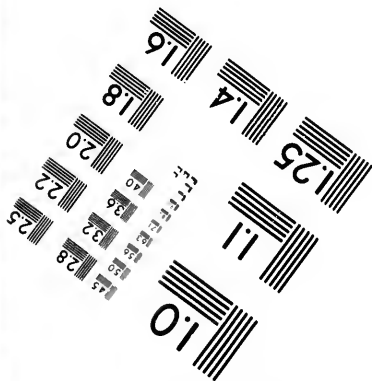
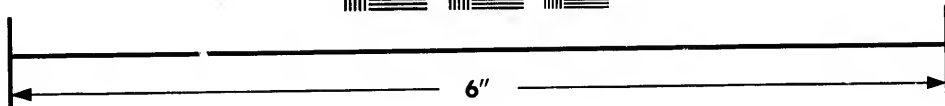
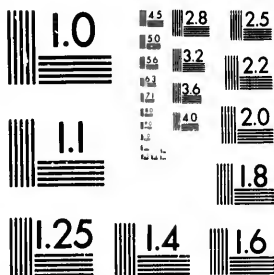


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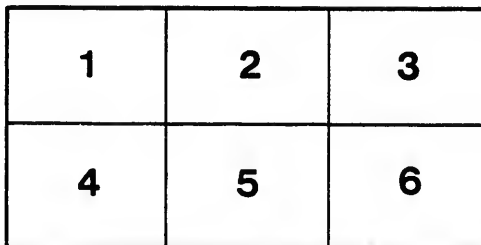
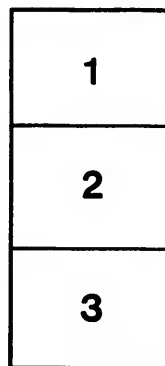
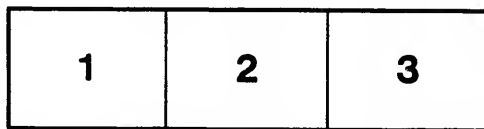
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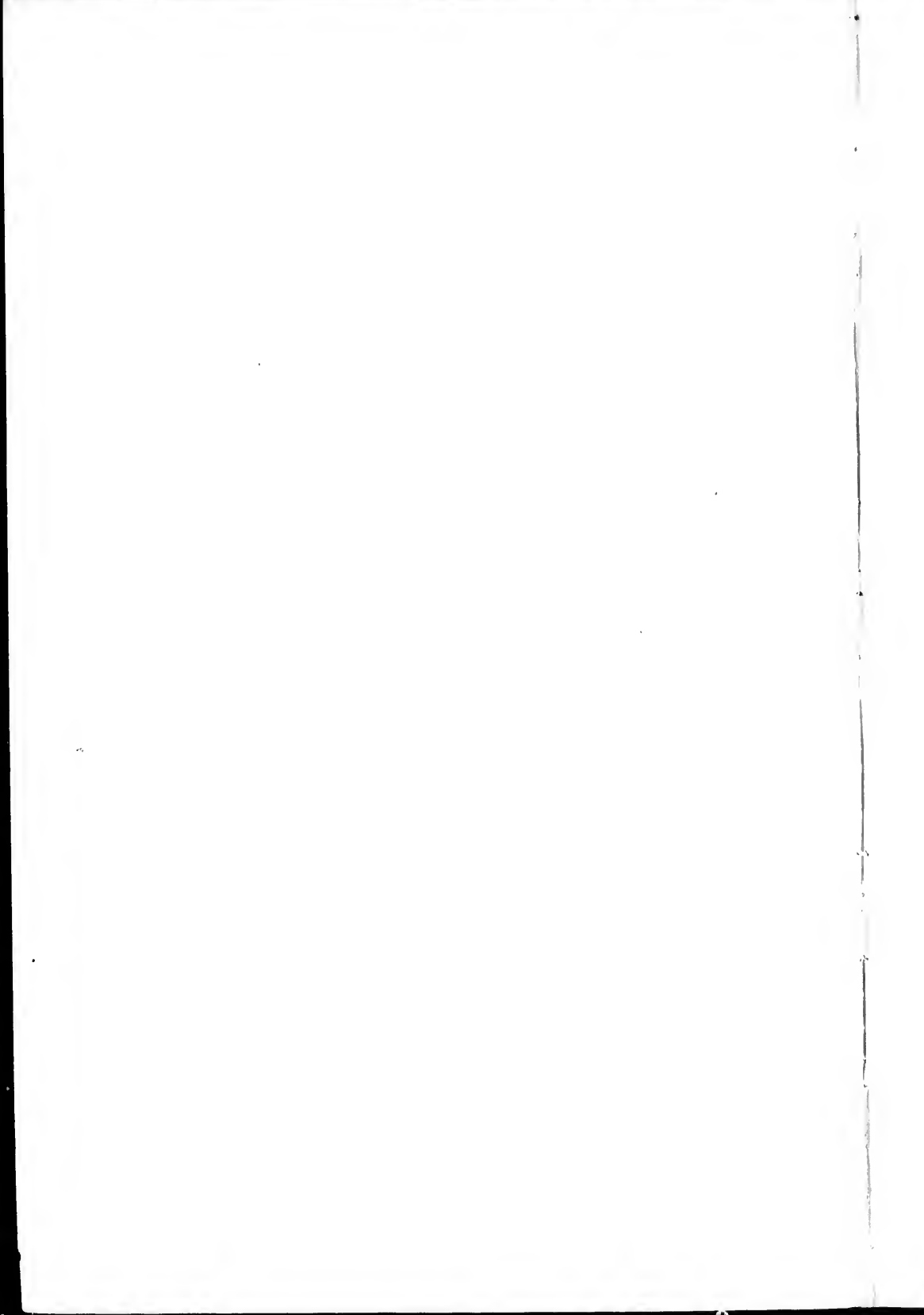
TWO CASES OF EPHEMERAL MANIA, UNCOMPLICATED WITH
EPILEPSY, INTEMPERANCE OR PARTURITION.

BY

T. J. W. BURGESS, M.D.

Professor of Mental Diseases, McGill University ; Medical Superintendent of the
Protestant Hospital for the Insane, Verdun.

Reprinted from the Montreal Medical Journal, December, 1899.



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It may not be quite void of interest to some of the readers of the "Journal" to record two cases of a form of mental disorder, which, in my experience, has been rare. So much so, in fact, that they constitute the only ones, of this exact type, that I have encountered during twenty-five years of attendance upon the insane. Singularly enough, too, they occurred within a fortnight of each other, in the summer of 1897.

The cases to which I allude would fall under the class of mania styled, by Dr. Clouston, ephemeral mania or *mania transitoria*, and defined by him as a somewhat rare form of mental exaltation, coming on suddenly; usually sharp in its character; accompanied by incoherence, partial or complete unconsciousness of familiar surroundings, and sleeplessness; and lasting from an hour up to a few days.

Of the two terms used by Dr. Clouston, I consider the name ephemeral mania decidedly the preferable one, because that of *mania transitoria* is sometimes used as a synonym for transitory frenzy (*furor transitorius*), more rarely, for acute delirious mania, from both of which disorders ephemeral mania is distinct, lacking the blind desire of destruction characteristic of the former, the typhoid symptoms peculiar to the latter.

While attacks of transient insanity in connection with epilepsy in some of its forms, child-birth, and the use of alcohol are by no means rare, the cases to which I would call attention had their origin in none of these conditions, and may therefore prove of some interest. They were, practically, cases of ordinary acute mania distinguished by and peculiar only by reason of their extremely short duration, a fact which, under certain conditions, might become of paramount importance in a medico-legal aspect.

Case I.—J. S., a married woman, aged forty, was admitted to Verdun hospital on July 18th, 1897. The history as furnished was that she had been a passenger from St. Johns, Newfoundland, to Owen Sound, Ontario, whither she was proceeding to join her husband, who had left the Island some months previously, and had arrived in Montreal, *en route*, during the morning of the day on which she was placed under my care. On reaching the city, where she had some hours to wait for a connecting train, she had asked the station-master where she could get

some breakfast, and had been directed by him to a respectable restaurant near by. There was at this time, as far as I can ascertain, nothing peculiar about her in either appearance, manner, or conversation. On entering the restaurant, she was asked by the proprietor if she would not remove her bonnet and shawl while eating. This seemed to frighten her, and leaving hurriedly, she wandered aimlessly about the streets for several hours. About 2 p.m., she reached Westmount, one of the suburbs of the city, and stopping at a private residence there asked for a drink of water, coupling her request with one to be allowed to sit down and rest. Having been given a drink and some luncheon by the lady of the house, to whom she told her story quite coherently, she asked her newly-made friend if she could suggest a stopping place where she might remain until her train should leave. A charitable institution, St. George's Home, was suggested, and arrangements made for her conveyance thither. The matron of the home, who welcomed her and at once set about making her comfortable, stated that she seemed extremely nervous and fidgety, but otherwise perfectly well. About six o'clock, she suddenly jumped from a sofa on which she had been lying, and with a piercing scream sprang toward a window and endeavoured to throw herself therefrom, but was prevented by the matron, who chanced to be standing by. This action was followed by undoubted signs of insanity, and she soon became so noisy and excited that the police were notified. She was taken to the police station in a raving condition, screaming incoherently at the top of her voice, and there it was found necessary to put her in a straight-jacket to prevent her doing herself bodily harm. I was communicated with by telephone, and she was brought to the hospital, about midnight, in charge of three policemen.

I found her to be a stout, well-nourished woman, with a wild, hunted look, who kept up a constant babble of incoherent talk, and from whom it was impossible to gain the slightest information concerning herself. Pulse and temperature normal. She was at once put to bed and left in charge of two nurses, but no sedative was given, inasmuch as I had been told by one of the policemen that their surgeon had given her a sleeping draught of some kind just before they left the station. She dozed at intervals during the night, but most of the time was noisy, throwing herself about on the bed, and trying to slap and scratch the nurses in charge of her. In the morning she was given a hot bath, and was much quieter, though sleepless, for some hours after. She took but little nourishment, being seemingly afraid to drink the milk offered her, but ate a soda biscuit. Gradually the condition of excitement returned, and there was an incessant, incoherent chatter with constant efforts to get out of bed. She finally became so restless, and made such persistent efforts to injure herself, pulling her hair and trying to strike her head against the wall, that, about 3 p.m., I gave her $\frac{1}{175}$ of a grain of hyoscine

hydrobromate, hypodermically. Very soon after its administration she fell asleep, and slept up to 9 p.m., when she awoke, much quieter, though still restless, apparently frightened, and incapable of coherent conversation. This condition continued during the night, and up to the arrival of her husband, who had been telegraphed for, about 8 a.m. She was delighted to see him, and at once lost much of her frightened look and manner; talked quite rationally to him, ate a hearty breakfast, and soon after got up, dressed herself, and went for a walk around the grounds with him.

In the course of a long conversation with her, I could detect not the slightest sign of any mental obliquity remaining, but found her apparently completely rational, the entire duration of the insanity, dated from the time of her quitting the restaurant, having been less than forty-eight hours. She told me she did not know what had brought on the attack, of which she had never had one before, except that for some reason, she herself could not tell what, she felt frightened of the people where she had gone for breakfast. She had a vague recollection of what she had done between the time of leaving the restaurant and her arrival at St. George's Home, but none whatever of anything that had happened between the moment of her outbreak there and that morning, when she could recall seeing the nurses sitting by her bedside, and wondered where she was. She left for her home at Owen Sound on the afternoon of the same day, and over a year later, my last account of her, had had no recurrence.

By the closest questioning of the husband I could glean no evidence of any epileptic condition, masked or otherwise, nor history of heredity other than that a maternal aunt had died insane. Her habits of life had always been of the best, and she had never displayed any tendency to hysteria or other neurotic disorder,—on the contrary, she had always been looked upon as a particularly healthy, strong-minded woman.

As regards causation, I can but suppose that the excitement of travel to one totally unaccustomed thereto (she had never been on a railway train before), combined with the fatigue incident to such a long journey, had been sufficient to upset the mental equilibrium.

Case II.—Here I was called in consultation by a brother practitioner to see a young girl, M.T., aged nineteen. She had gone out walking in the morning, and while crossing the street had been nearly run over by a street-car, but had received no injury, and had continued her promenade, doing some shopping, and returned home apparently as well as when she started out. About three hours after, while chatting quietly to one of her sisters, she had suddenly become incoherent in speech, began to walk restlessly about the room, played the piano violently, mixing up snatches of airs in the most incongruous manner possible, and used very profane language. Put to bed, she talked and rolled about,

shouting and singing at the top of her voice. Her friends in vain tried to soothe her, she did not recognize any of them, and her incessant conversation was a jargon of fleeting, disconnected delusions.

When seen by me in the evening, about six hours after the commencement of the attack, I found her to be a stout, well-nourished girl, with what in health must have been a pleasant and intelligent countenance. The pulse was very slightly accelerated, but the temperature was normal, and the tongue clean. She had a wildly excited appearance, refused food and medicine, and very restless, endeavouring to pull off her night dress, rolling about the bed, and constantly trying to get up, but not at all inclined to be violent. She kept up a loud, continual, incoherent chatter, repeating over and over again in a meaningless way anything said by those about her. At times, from her actions, there were evidently both visual and auditory hallucinations of a terrifying character. The patient had enjoyed the best of health up to date, with great fondness for outdoor sports and exercise. No similar attacks had ever occurred, and the closest questioning of her friends could elicit no evidence of epileptiform seizures of any kind. Her habits of life had been good, and there had been no tendency to hysteria or other neurotic disease of any kind. There was, however, a strong hereditary predisposition to insanity, her maternal grandmother having had two attacks of melancholia, while an aunt, also on the mother's side, had been an inmate of an asylum for some years. No exciting cause other than the fright she had had could be imagined.

After advising the application of cold to the head and the administration of a hypodermic of $\frac{1}{100}$ of a grain of hyoscine hydrobromate, I left, promising to send the necessary papers for her admission to the hospital as soon as possible. This I did, but was astonished to receive, about noon the next day, a telephonic message from my confrere that he trusted there would be no need to use them, as the patient was seemingly quite recovered. On receiving the hypodermic, about 9 p.m., she had quieted down, and slept from 10 to 2. She then awoke, and though still restless and talkative, was decidedly less so than when she had fallen asleep. She recognized those about her, and wondered at the presence of a stranger, her nurse. After partaking of a bowl of bread and milk, she fell asleep again, and remained so up to 7 a.m. On again awaking, some slight confusion of intellect with motor restlessness was still apparent, but this gradually passed off, and by noon, as already stated, she was quite well again, nor has there since been any recurrence.

The total duration of the attack in this case was only about twenty-two hours, namely, from 2 p.m. of the one day to mid-day following. Here, too, there was no recollection of anything that had occurred from the time of the seizure up to nearly the period of complete recovery, while the causative agency could only be ascribed to the shock of a sudden fright acting upon a strongly neurotic diathesis.

