A Case of Post-Eclamptic Mania.

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The following case is interesting as illustrating a condition of acute mania after eclamptic seizures, quite analogous to the maniacal attacks which one sometimes sees during the post-paroxysmal period of epileptic fits. Such cases naturally come under the notice of the obstetrician rather than the alienist, hence special stress is not laid on the mental aspect of the disease.

Mrs. W—, æt. 17, a primipara, was admitted in a comatose state to Edinburgh Royal Maternity Hospital, under the care of Dr. Berry Hart, on the morning of the 20th February, at half-past ten. From a midwife who had attended her during her confinement the following facts were obtained:—

The patient for the last three months of pregnancy had complained of frequent headaches, pain in the loins, vomiting, swelling of the hands and feet, and puffiness of the face in the morning.

The labour was an easy one. Since the birth of the child, which occurred at 7 a.m. the same morning, the patient had had four convulsions, after each of which she had been "very hysterical."

On her admission the urine was drawn off. It was found to be highly albuminous, to contain numerous tube-casts, and a few blood cells.

Dr. Hart bled her, and advised active purgation, a vapour bath, cupping over the kidneys, chloral per rectum, and chloroform during the fits. As the skin did not act freely, pilocarpin was administered hypodermically.

She had in all eight fits after her admission, the last being at 9.30 p.m. The fits were of the usual epileptiform character, and not ushered in by any cry. The tonic spasm, which was more marked on the right side, was accompanied by conjugate deviation of the eyes and turning of the body to the right. The pupils were contracted, and the conjunctival reflex abolished. The tonic spasm gave way to clonic spasm, with stertorous breathing and foaming at the mouth. The pupils were now dilated, reacted to light, and there was slow nystagmus. The fits lasted about a minute or a minute and a half, and were not followed by any paralysis.

The knee-jerk was absent when the patient was admitted, and did not return until the following day.

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The post-eclamptic condition was first one of deep coma, gradually passing off into a more or less drowsy state, with marked confusion, the patient being unable to tell correctly her name, age, where she lived, or where she was. This stuporose condition was replaced in its turn by one of furious mania. The patient became irritable, restless, and excited; now noisy, shouting and swearing, now struggling to sit up in bed and throw off the clothes; or again lapsing into an emotional state, with sobs and tears, incoherent mutterings, and slight erotic manifestations. She had well-marked delusions of personal identity, mistaking the bystanders, both male and female, for her husband.

This maniacal condition, after lasting for an hour or an hour and a half, was succeeded by a period of quiescence—the prodromal symptom of another convulsion.

Her temperature throughout never sank below 100° F., and her pulse averaged 140 per minute. By seven o'clock next morning the excitement had calmed down, and the patient for the first time spoke rationally, and recognized those around her. She then told us that she remembered absolutely nothing from five o'clock on the previous morning. For several days after this she was drowsy and stupid. The temperature remained high for a fortnight, sometimes running up to 102° or 103° F.; this, however, was ascribed to septic infection, probably incurred during her labour outside.

She was discharged on March 18th, having made an excellent recovery, there being neither casts nor albumen in her urine.

Remarks.—The primary cause of the eclampsia was in all probability a nephritis of pregnancy, leading to the retention in the blood of poisonous products, the nature of which has, up to the present time, not been determined. The condition remaining untreated, these bodies by their action on the nerve centres led to epileptiform convulsions. Further, we have to note that the patient was, for her age, decidedly childish and emotional, and that she had a distinct heredity towards the neuroses, in that her father is a chronic drunkard, and her mother is very hysterical. The maniacal outbursts might then be looked upon as having for their predisposing cause congenital mental instability, and for their exciting, the epileptiform fits.

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