

II.—English Psychological Literature.

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On Delirium or Acute Insanity during the Decline of Acute Diseases, especially the Delirium of Collapse. By HERMAN WEBER, M.D., F.R.C.P., Physician to the German Hospital.

(Reprint from the 'Medico-Chirurgical Transactions,' Vol. XLVIII.)

IN this interesting pamphlet Dr. Weber treats of a species of delirium which he names the *delirium decrementi* (delirium of the stage of decrease), a delirium which "breaks out when the disease has already entered into the stage of decrease, when the fever has almost or entirely ceased, and when, perhaps, the patient has just been declared convalescent."

Dr. Weber thinks this secondary delirium is but little known to medical men generally. We believe, however, we may assure him that but few psychologists can be unacquainted with it.

Dr. Weber then relates in detail seven very interesting cases, as serving to illustrate the disease, of which the following may be taken as a good instance.

"CASE VI.—L—, æt. 22, of rather excitable temperament and inclined to work beyond his strength, after having felt some amount of lassitude during several weeks, exhibited the distinct phenomena of typhoid fever in the first days of August, 1864; he had fever, headache, diarrhœa, rose-spots, enlargement of spleen, &c., all well marked, but not excessive; the symptoms of pyrexia culminated between the 6th and 8th of August, when the temperature varied between 38·5° and 40·2° cent. 101·3° and 104·36° Fah.), and the pulse between 90 and 98.

"There had not been any delirium during this period. After August 9th the temperature never reached 38·5° cent. (101·3° Fah.). The patient received a moderate amount of stimulants, beef-tea, and milk. On August 12th, at 9 a.m., the temperature was only 37·5° cent. (99·5° Fah.); the pulse 78; no more diarrhœa; no fresh rose-spots. At 7 p.m. temperature 38·3° cent. (100·94° Fah.); pulse 88. During the following night he became suddenly delirious; he left his bed, went into the hall, and was on the point of quitting the house, when

he was arrested and with some difficulty persuaded to return to bed; he fancied he had been called to perform some urgent business. After a while he imagined he was to appear before the coroner's jury in Müller's case (the murderer of Mr. Briggs); again after some time he believed that a young woman was bringing an action against him for breach of promise of marriage, which he never had given. On the whole, the subjects of the delirium were changing. At the same time the patient presented the appearance of collapse; the face pale; the extremities rather cold; perspiring freely. (Moderate doses of opium, wine, and beef-tea.)

"At 9 a.m. on August 13th he was calmer, but not yet free from delusion; he gave, however, reasonable answers to pointed questions. Pulse 90, weak; temperature 37.1° cent. (98.78° Fah.). Towards the evening he slept occasionally, and during the following night, after half a grain of morphia, he had much sound sleep. On August 14th he was quite reasonable; the pulse at 9 a.m. was 74; the temperature 37.2° cent. (98.96° Fah.). No delirium returned after this time. The temperature remained still above 37° cent. (98.6° Fah.), therefore slightly above the standard, for six days, but the convalescence was not otherwise interrupted, and the recovery was perfect."

This insanity or delirium has a very different aspect to the *delirium febrile*. The temperature of the blood is slightly above the normal standard, but there is little apparent pyrexia. The pulse is mostly frequent, but weak and often irregular; extremities cold; face pale, and skin bedewed with a cold clammy sweat; in fact, "the general appearance of the bodily condition, in spite of the mental excitement, is that of prostration or collapse."

The mental symptoms are those of mania, "with delusions of an anxious nature, and hallucinations of the senses, especially of hearing."

The mental aberration is usually of but short duration, lasting for from "eight to forty-eight hours." Occasionally, but rarely, other forms of insanity, such as dementia, have been known to supervene, and the malady may last for from a few minutes to months.

In nearly all the cases Dr. Weber relates the delirium presented itself in the morning, shortly after waking. Almost all observers agree that this condition is due, as, indeed, the symptoms seem clearly to point out, to anæmia; not, however, as Dr. Weber points out, to anæmia caused by repeated losses of blood, but "to a sudden and transitory change in the capillary circulation of the brain, and through this to an equally transi-

tory change in the nutrition and action of the brain-cells, a change which may be caused by a sudden sinking of the heart's power." Dr. Weber does not, however, think it can be due to any particular morbid poison influencing the brain. Moreover, it appears to supervene on diseases of moderate as well as of great intensity.

The prognosis is, as a rule, favorable; and "although Graves calls it a 'delirium of the most violent and dangerous description,' all his patients seem to have recovered."

Dr. Weber sums up the treatment adopted in his cases in the following words:

"The treatment adopted in the cases related to the society consisted in the use of opiates, in rather large and frequently repeated doses, to allay the irritability of the brain, and in the simultaneous employment of means to counteract the collapse, viz. stimulants applied externally and administered internally, artificial warmth to the cold extremities, and food. The patients were, at the same time, kept as quiet as possible, and prevented from injuring themselves and those around them, and this, probably, in many instances would be sufficient, without any medicinal interference; but the opiates appeared certainly to accelerate the return of sleep and reason, and they were borne remarkably well by the system, and might, perhaps, be administered in even much larger doses, if the smaller were not found efficient enough. Graves, too, gave opium, but in addition in some cases extract of belladonna in large doses, and tartrate of antimony. Opium seems to possess also the approbation of Griesinger."

On the Statistics of Puerperal Insanity, as observed in the Royal Edinburgh Asylum, Morningside. By J. B. TUKE, M.D. Edin., Medical Superintendent of the Fife and Kinross District Lunatic Asylum.

(*Edinburgh Med. Journal*, May, 1865.)

THE subject of this paper is based on 155 cases of puerperal insanity, collected together and arranged from the case-books of the Edinburgh Royal Asylum, as reported by the various resident physicians for the last eighteen years.

Dr. J. B. Tuke premises his subject by pointing out that "the results of treatment of puerperal insanity, *as a whole*," cannot be deduced from these 155 cases, because they only represent a state of disease so severe as to necessitate removal to an asylum, and leave entirely untouched the many milder

forms of the disease treated at home. He then proceeds to follow the example of various other authors, and divides his subject into three classes—

Insanity of Pregnancy,
Puerperal Insanity,
Insanity of Lactation ;

and he finds that between the 1st of January, 1846, and the 31st of December, 1864, there were 2181 female cases of insanity treated in the Royal Edinburgh Asylum, of whom 155 were “so-called puerperal cases, making a per-centage of 7·1, and that of these 155 cases divided as above—

“ Insanity of pregnancy numbered 28, or 18·06 on the total.	
Puerperal insanity ,, 73, or 47·09 ,,	
Insanity of lactation ,, 54, or 34·8 ,,	

Insanity of Pregnancy.—The 28 cases belonging to this heading seem to have been tolerably evenly distributed between fifteen and forty-four years of age, the largest number occurring at twenty-nine; nine out of the total of 28 were primiparæ, which might be expected, as Dr. Tuke points out, “when we take into consideration the moral exciting causes, anxiety and dread of the coming event, which exist to a greater degree in the inexperienced woman.” The seventh month of pregnancy is the one in which the expectant mother is most liable to become insane. The symptoms are, as a rule, says Dr. J. B. Tuke, of the melancholic type, and the suicidal tendency is most marked. Moral insanity, especially dipsomania, sometimes shows itself. “This generally occurs during the earlier months of gestation, and is probably only an aggravated form of the well-known morbid craving or longing for particular articles of food which characterises the earlier months of pregnancy.”

The prognosis in this form of disease is generally favorable. Nineteen cases recovered within six months, and “of itself it is not fatal.”

Puerperal Insanity.—These numbered 73; “And of the 28 cases whose age was thirty and upwards, 8 were primiparæ, a fact suggesting the increased liability to mental derangement of women who become mothers for the first time at that somewhat advanced period of life.” In all cases, however, of first confinement, whether of young or of middle-aged women, the first confinement is the most dangerous; and in all the cases but two maniacal symptoms began to show themselves within one month of confinement.

Regarding the symptoms of puerperal insanity, it is curious to remark that when the insanity developed itself beyond sixteen days after labour it was of a melancholic type; when before that period, acute mania was the result. In only three cases did Dr. Tuke detect albumen in the urine.

The table of results shows a per-centage of 76·7 “of recoveries, 10·9 of deaths from all causes, and 9·5 of patients who became demented.”

“The system of treatment in the Royal Edinburgh Asylum has been very uniform. The support of nature to withstand the wear and tear of the disease is, of course, the most important; for this purpose the constant administration, artificially if necessary, of custard and beef-tea, little and often, has been found the most effective and convenient. Of late stimulants have been to a great degree discontinued in excited cases, as they appear to aggravate the mania, without affording any permanent support to the system. In melancholic cases, on the other hand, a limited amount of wine or whisky is most beneficial. Sedatives, in whatever shape, are looked upon with distrust, for, however much they may subdue the intensity of the symptoms, it is believed that they prolong the duration of the paroxysm. In one case, in which cannabis indica was exhibited in large doses, I have to confess that it is my belief that the patient was far from benefited; on the contrary, the period of dementia with delusions was unusually long, although she ultimately recovered her reason. But again, on the contrary, in some of the women whose cases are characterised by restless melancholy or dementia, the administration of large doses of morphia has been accompanied by the very best results; under this treatment a few cases of this nature have recovered rapidly. Nature seems to indicate the remedy; in those where there is great intolerance, as evidenced by sickness and vomiting, I have rarely seen happy effects produced by pressing the drug. Sedatives in large doses have been strongly recommended by some authors at the commencement of the attack, with the view of arresting it; of this I cannot speak, but feel certain that such a course, pursued after the mania has established itself, will not be found successful in the great majority of cases.”

Insanity of Lactation.—In this form also a large proportion of cases occurred after thirty years of age, and scarcely any supervened on the first nursing. Too prolonged lactation is very dangerous, “the very large proportion of cases having occurred after the sixth month of nursing.”

“Acute mania evidenced the insanity in 10 cases, melancholia in 39, and dementia in 5. The acute mania, as a rule,

in this form of insanity is severe but evanescent; it rarely lasts more than ten days or a fortnight, and is generally attended with hallucination of the different senses, and delusions, as in puerperal mania, of mistaken identity."

"In almost all cases of insanity of lactation which have come under my notice during the last two years, exophthalmia and bruit de diable have been marked symptoms."

In a disease so essentially anæmic a stimulating treatment is absolutely necessary.

A Lecture on Delirium Tremens: its Symptoms, Pathology, and Treatment. By GEORGE JOHNSON, M.D. Lond., F.R.C.P., Professor of Medicine in King's College, Physician to King's College.

(*'Lancet,'* April 21 and 28, 1866.)

THESE are the substance of two interesting and suggestive lectures delivered by Dr. George Johnson, the learned Professor of Medicine in King's College, and published in the *'Lancet.'*

Dr. Johnson commences by pointing out, 1, that the chief and universal characteristics of this disease are a peculiar form of delirium, accompanied with spectral visions, a general unsteadiness and trembling of the voluntary muscles, and obstinate wakefulness. 2. That the causation of the disease is almost invariably due to excessive abuse of alcoholic stimulants, but that in exceptional cases it may be caused by any prolonged depressing emotion.

He then proceeds to give a graphic description of the symptomatology of "the horrors," as this disease has been named by sailors—a class amongst whom, as Dr. Johnson does not fail to point out, it is very common.

Patients suffering from delirium tremens, like those labouring under insanity, have their sensibilities blunted, and appear to have but little consciousness of physical sufferings. "This is an important fact to bear in mind; and it shows the necessity for watchfulness, lest some serious disease escape detection."

Dr. Johnson then dwells strongly on the importance of avoiding as much as possible "any violent exertion on the part of the patient," as it is very apt to induce rapid and great exhaustion, and even sudden death. "This tendency to sudden death from exhaustion is accounted for by the condition of the heart," which is in a state of fatty degeneration, due to the fact that drunkards eat little solid food, but live on a diet abounding in hydrocarbons, and deficient in nitrogenous materials.