A HUNDRED AND FIFTY YEARS AGO

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SENILE DELIRIUM: TREATMENT

BY PETER HOOD M.D.

I HAVE REPORTED CASES in *The Practitioner* of several old persons who have died while labouring under senile delirium, all of which were attended by excessive talking that would continue hour after hour, and day after day, exhausting themselves such that they effectually talked themselves to death.

I never found in such cases that the medicines administered had been of any service in controlling this symptom. Stimulants only seem to do mischief, and sedatives exercised no control over the continuous excitement.

I became convinced that I had failed to discover the real source from whence this peculiar delirium originated. It occurred to me to consider whether the cerebral symptoms of senile delirium could be traceable to a derangement of liver function. I had not long to wait before testing the value of this idea on a case. I confess to having some anxiety as to the result.

Case treated by calomel

The case that I was called to was a gentleman, Mr S, aged 70, who six years previously was affected with paralysis of the right side, unattended with loss of consciousness. From that time he had been unable to walk without assistance, and his right hand remained very feeble. He was blind in both eyes and was very deaf.

I was told that he had had no sleep on the previous Saturday and Sunday nights. On the Sunday he became very restless and began to ramble in his talk, and discoursed incessantly of persons long passed away as if they were still living. He continued to talk perpetually throughout the whole of Sunday and during the night up to the Monday morning, when I saw him at ten o'clock.

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He failed to recognize me and upon my telling him I would order him some medicine to take, he said, " Had you not better get it made up at Newcastle?" he living in London. His hearing had become quite perfect, so that he heard the gentlest tones of the voice. He had not taken any nourishment for two days. His pulse was small and quiet; his tongue was dryish,and had a streak of brown fur in the centre. On asking if he felt any pain in his head, he said " Yes," and placed his left hand on the top of it. The scalp felt hotter than natural.

The nurse assured me that her master was quite regular in his bowels, three days ago having taken a pill containing a small quantity of croton oil which had acted freely, and on Sunday a dose of castor-oil, which had acted well.

I next proceeded to make an examination of his abdomen. He was lying on his back, and, on percussing his right side, he observed, "when you 'pop' me there, I feel pain." His liver was three inches below his ribs. His abdomen was much distended with flatus, and, notwithstanding the nurse's report, there was undoubtedly considerable faecal accumulation in the large intestine. Thus far the case seemed clear enough as to the treatment required, but it remained to be proved whether such treatment would be effectual in removing the delirium.

I ordered two pills containing two grains of calomel, two of extract of hyoscyamus, and five of the compound extract of colocynth; and a warm aperient draught to be taken four hours afterwards. He was also to have a tablespoonful of brandy with two of water every six hours, and to be fed on beef-tea.

When I saw this gentleman again at 4 P.M., I learned that he had taken his pills at eleven o'clock and continued talking until two, when he fell asleep. I left him undisturbed from his sleep.

In the evening I had a note from his daughter, stating that soon after I left the pills had acted freely, and her father "was quite himself again," and wishing to know whether he was to take his draught, to which I replied that it had better not be given.

On the following morning I found he had had a good night, and he appeared in his ordinary health. He had lost his acuteness of hearing, and his usual deafness had returned. All excitement had disappeared, and he lay tranquilly on his right side in bed. The pain and heat of the head, and the tenderness in the hypogastric region, were no longer complained of.

The pills had brought away a considerable amount of bile. In this instance it may be assumed that the small dose of calomel acted as an indirect sedative by stimulating the gall-bladder to part with its contents; and that upon the discharge of the pent-up bile, the retention of which had been the cause of inducing a morbid irritation which was reflected upon the brain, relief was afforded to the cerebral symptoms.

This patient suffered several attacks. The first occurred in 1866, but since that time up to the present year (1870), I have attended him in several others. I have always found that he was amenable to the treatment described, and that, when it was requisite to administer the calomel in one-grain doses, he rarely required more than three of them. He spends the greater part of his time in bed, but in fine weather occasionally takes a drive in a close carriage. His general health is thought to be much better than it was some years ago.

Since my attendance upon Mr S, I have met with three other cases in old persons who have manifested symptoms of senile delirium, and in all of them I have succeeded in controlling the disease by a similar mode of treatment to that employed in Mr S's case.

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