A HUNDRED AND FIFTY YEARS AGO

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PSYCHOLOGICAL AND PHYSICAL TREATMENT OF DELIRIUM

BY J. MILNER FOTHERGILL, M.D.

THERE IS LITTLE IN OUR LITERATURE which tells us of the attitude of delirium from the patient's point of view.

The material of raving thought is chiefly the objects upon which the mind ordinarily dwells: the bricklayer's mind wanders amidst bricks; the medical man commonly wishes to visit his patients. But maidens do not mutter their lovers' names nor men their liaisons in preference to anything else. Delirium is but a modification of our ordinary thought; frequently it is little more than incoherent thought.The unstable brain is easily perturbed; and if the eye sees but imperfectly, then a flood of erroneous ideas is inaugurated.

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Nothing is more common in a delirious patient than a fixed determination to escape from his bed and the apartment which he occupies. Fever patients are often strapped to their bed, in order to prevent them from injuring themselves in attempts to get away.

They wish to get home. When the delirious patient wakens up in the fever-ward, there is nothing familiar which helps the wandering brain to collect its erratic thoughts. The room is a hateful prison, and the attendants are heartless jailors, who restrain the sick man from getting away to his home, where he feels he rightly should be.

Erroneous impressions arise in a delirious patient's mind even when lying in a wonted chamber, if the aspect of that chamber be altered until the unsteady eye and wandering brain no longer recognise it on awaking.

A feeling of suspicion and dislike is built up betwixt patients and their attendants. If opposition must be offered to a patient's wishes, it should be so conducted as to create no unnecessary impression of restraint.

Attendants need to persevere in attempts to restrain the patient by arguments, and appeal to what is left of reason; and their arguments would be all the more effective if they were directed to the erroneous impressions of the patient. Attempts should be made to disperse fugitive and chaotic ideas by recalling former associations and objects of affection or of ambition.

Dispel erroneous impressions, not so much by combating them as by trying to substitute other thoughts and other ideas in the place of the diseased ones, and occupy the foreground of the consciousness by normal association of ideas.

Physical treatment of delirium

The delirium which marks the onset of febrile conditions in children is a mere symptomatic affair, scarcely calling for treatment. In delirium tremens if the pulse be full, bounding, and incompressible, a good dose of opium with antimony is indicated in order to procure rest; but if the pulse be small, compressible, and very quick, when sleep is kept off by that irritability which is so associated with commencing exhaustion in nerve structures, full doses of opium are dangerous and death has not rarely followed the administration of a medicinal dose of opium or morphia. Probably in such cases the combination of digitalis with bromide of potassium and vegetable narcotics is indicated.

In delirium associated with sustained pyretic conditions, if there be considerable vascular excitement and heat of head, then opiates are inadmissible. Chloral hydrate is more suitable.

The application of cold to the head by means of an india rubber water pillow, and if necessary a bladderful of cold water placed on the top of the head, is a very useful measure. The cold pack will restore the intelligence readily when it lowers the temperature markedly. Draughts of cold fluids are also of service.

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At other times a form of delirium is met with after the acute pyretic condition is over. Dr Stokes enumerates three conditions which call for the use of opium in fever: where there is persistent watchfulness; where an inflammatory condition of the brain has existed and been subdued, but delirium or other nervous symptoms will remain; where an excited state of the sensorium exists without heat of scalp or remarkable throbbing of the arteries of the head.

The use of opium is clearly indicated in all these conditions except the first, as it here appears along with much vascular excitement. At the time when Stokes wrote, chloral was undreamt of and so could not be alluded to. Here it would be much better to combine the opium with chloral, or to use chloral instead.

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