Dissertation

on

Delirium Tremens

by

Leonard H. Lee
Delerium Remen -

In treating of this subject -
I shall consider first that it does not appear to have attracted the attention of the profession as a distinct and separate disease until after the beginning of the present century, when we find that Mr. Pearson, who was at that time practicing as a private physician in New-Lacei or Fyn, stepped forward and spoke of it; not under the name of Delirium Remen, however, but as allied to melancholy, for which disease, it had doubtless been many times confounded. Dr. Pearson described it, as a peculiar form of brain fever produced by the use of indolent spirits. It was not till the year 1813 that the characteristic name of Delirium Remen was given to it by Dr. Fulton, who subsequently wrote some excellent treatises on the subject. Some objections have been thrown out against
This mode of nomenclature, as it would seem to require that the Dele-
rummum itself trembled, and also because the former, which the name in-
dicated is not always present. But as the Romano name of the disease can
convey no erroneous idea as to
Rallina, the old name has been be-
tested considered most best, and has
Thynson been obtained — various auth-
ors however, state that—did—under-
different names, as, for example,
Armstrong then talks of it, as being
"merely a prevalent disorder of brain-
and" — HallSpain ascends till the name
of "Maria e Tempuncta" — and Blake
thinks it would be better to call it
"Delirium Schizophrenia", which, of all
terms yet advanced, is probably
the most significant, as it con-
veys to one's mind, an idea not
only of the nature, but also of the
most frequent and important cause
of the disease (use of Indent-spirits).
Dr. Ryan objects to this term, on the
ground that "it may arise from the abuse of various stimulants, as opium, Belladonna &c., &c., as well as from the abuse of sedent & fermented liquors", and he Thurnen suggests, that Delirium Nervosum would be a much more correct term for the disorder. To this, however, as, indeed, to any name that might be given, objections are liable, and to characteristic has the term "Delirium Tremens" become, that any change in the nomenclature would be seen to be fraught with the utmost mischief. It is a disease which is essentially more frequent among those inhabiting tropical regions, than among the inhabitants of more general climates, but it is also very frequently observed among those inhabiting very cold regions, when the severity of the temperature causes them to the use of stimulants, in order that the external warmth of their bodies should be sustained. In our own country (Scotland)
I am sorry to have to own that it is more frequent than in the two portions of the United Kingdom, at least it is so, in proportion to the number of their inhabitants. It is pleasing, however, to observe the decrease which has taken place, of late years, in the number of cases, which is probably due, as well to the establishment of those excellent temperance societies, as to the steady advancement of civilization, among the lower classes of our population. Those men, who are inoffensive and sober habits, and also those who are engaged in wholesome, monotonous occupations, are most obnoxious to delinquency. Remorse, the very monstrosity of their lives, as it were, inspires them, with a regard for the "Gin Shop" which goes on increasing with the years. Among the above class of men, I may enumerate, such as, Im-

ducers, Cabmen, Butchers &c.

There is another class of men, who are

scarcely
scarcely less notorious to the author of D. T., I mean those of a melancholic disposition. His disposition being acquired on account of a continued unsuccessful dabbling in worldly affairs—I could scarcely do better than to illustrate my point, from the words of the poet—when he says:

"Give him strong drink until he write,
That's能让 in despair;
And liquor quick to fire his blood,
That's part of grief and care;
Then let him come, and stop and stound,
We bump'd slovenly, der,
Till he forgot his loves or debts,
And thinks his grip no more."

—Blake noticed it particularly frequent among our soldiers stationed in the West Indies, which is no doubt due to their sedentary habits, and their ample supply of money, to gratify their pro-pensities. When reached, as that another unmasks, on the truncated summit of a volcanic cone, as on Fort Charlotte in the island of St. Vincent—without
a contiguous spot of level ground to
waste themselves on, and remain at the same
time, as if to try their abstinence, a
curtain for the sale of spirits, established
under the same roof with themselves. These
things being considered, it is not to be won-
dered at, how I should occur so fre-
quently, among that body of men.

Taking into consideration the mode of
living of the inhabitants of the West
Indies, or their tropical climates, it is al-
most essential I may say, that that state
of system, predisposing to an attack
of Delirium Tremens, and which has
been aptly termed, The Delirio-tic Di-
athes, should be lit up, after a few
years residence in the locality, because
the inducement, both from the moderate
price of, and the pleasurable sensations,
and the mental as well as bodily en-joy-
ment imparted by the poison, is so great
that few of the inhabitants abstain
from it. It is granted, of course, that
the large majority do not indulge the
liquor so freely as to entitle them
to the appellation of "Drunken", yet it is the moderate and long continued imbibition, or course of "Drunk Drinking" which is most likely to induce slowly yet surely the Debilitating Disease.

Although Delirium Remens may mostly be considered as a masculine disease, yet its occurrence is by no means limited to that sex, for there are not a few instances of it occurring in females, recorded in our Journals, or met with in practice. It is in the very lowest grades of female society, that this disease is principally observed. Whereas among males the rich are perhaps as prone as the poor — indeed, we may state, that all classes of human beings are equally liable until we are predisposed by the same intemperate habits; but as Blake says, it is proportionally the more rare occurrence from want of means, among the blacks population, within the tropics. Females of intemperate habits, will, of course be more susceptible of the attack.
From males, become more nervous 
patients, are more easily affected by a 
slight exciting cause; as regards the 
age of the individuals, in whom F.T. 
is most frequent, various opinions have 
been held; Dr. Linné, Bang &c. think the 
disease occurs most frequently between the 
ages of thirty and fifty; whereas, Mus. 
as Gulbr. considers, that between forty 
and fifty, is the most frequent age, but, 
in both, if the predisposition is present, 
it may occur at any age, from the cradle 
to the coffin.

Some authors consider, that at certain 
reasons of the year, Delirium Tremens 
is of more frequent occurrence; thus Dr. 
Gulbr. appears to have had twice 
as many cases during the month of May 
as during any other months. Dr. Bang, 
on the other hand, considers that June 
and July are as fitful in the production 
of it—as May. Reviewing the 
above remarks, Black runs up by 
stating, "That neither sex, nor age, nor 
season or climate, has any material 
fluence"
In his opinion, on the prevalence of this affection, except in as much as, very high temperature or extreme cold, although opposite in New Britain, may both lead to the same result—namely, over indulgence in lukewarm baths. The general and principal predisposing cause of this disorder.

It is remarkable that such a disease as this one under consideration, should have been so long overlooked by so many able writers, and especially by authors on diseases of hot and cold climates. When, as has been observed, this disease is most common—misunderstanding, that we have not had, till a very recent period, any account of this disease, state, it so said, that traces of it have been discovered in the writings of very ancient authors, even, some say, as far back as those of Hippocrates. It is strange, that Dr. Jenner in his late excellent work on "Diseased Humors" published so recently as 1804, should have allowed this disease to pass unnoticed, although
although he speaks occasionally of hallucination as occurring in some of his cases of Brain Fever. In another part of his work he says: "There is a species of Delirium, that often attends the early accession of Typhus Fever, from contagion, that has been known to be mistaken for Measles, among soldiers and seamen, when habits of intemperance are common, requiring more discernment to decide—The vacant stare, the look of calculation, incoherent speech, faltering voice, and faltering walk are so alike in both cases." These symptoms, occurring in one, habitually in the other, would at once convince me that Delirium Remens was present in its first stage, although Dr. Jenner seems to have entirely overlooked it.

About the beginning of the 19th century, Dr. Halles, who lectured at that time in the Royal College of Surgeons, Dublin, reviews not to have allowed this disorder to escape his observation, for, in his lectures, he finds the following: "A Fever of a Peculiar Kind is apt to attack men,
Who have been addicted to hard drinking, as, for instance, the case of a patient, having a compound fracture or wound, will be cured two or three days after, with fever and delirium (apparently febrile), and great nervous agitation. This happening in a strong and bloated man, would lead you to suppose that the secretion were the proper means of treatment, but this is not the case; in large doses, as sixty drops, and repeated in two or three hours, until the patient is thrown into a deep sleep, is the only remedy. As soon as sleep is procured, the man will certainly wake quite well. In this way reason, a large quantity of the usual beverage might be given—Having now reviewed, shortly, the history of this affection, my next object will be, to depict it as clear and natural as possible. The fellow Blaue in his arrangement, as it appears to me, after having carefully perused the volumes of the best authors, for the well understanding, as well as,
For the better treatment of this disorder, although, in this division, the one stage comes to much into its own, that it is impossible to draw a distinct line of separation between the different stages.

The first stage, or that of Nervous Disturbance, may be compared, in its relation and course, to the first or cold stage of fever, and generally supervenes after from one to 3 days after a protracted debauch, or this exciting cause. There is first, a disordered condition of the general health, the patient complaining of giddiness, nausea, and occasionally vomiting, with a feeling of chilliness, debility, and also great craving of food, but there is no accompanying fever. In the true uncomplicated Tertiary Remission, at least to any marked extent, the vomiting is observed to be most frequent and distressing in the morning. The bowels are, as a general rule, open, although sometimes in contrary, and the stools are dark-colored. The pulse, according to W. Blake, is slow, weak, and compactible. In slowness of the con-
- ridus, as being invariably indicative of the first stage of the disease. In some cases, he has found it as low as forty-four in the minute. The tongue is moist and creamy, and when protruded is very tremulous. Also, thin appearance of the hands in some cases, but in many, this symptom does not show itself, until the second stage of the disease is established. Coldness of the hands and feet are complained of, and on touching them, they present a clammy icy feel. While the rest of the body continues about its normal condition, or, if anything, a little elevated on temperature, thinness of the lips are not seen, and then to the intolerance of light and noise; at least, nothing worthy of being mentioned, compared with what is seen in Phrenitis, and frequently there is none whatever. Cramps of the extremities prove sometimes very distressing, and there is invariably great depression of spirits, frequent sighing, and oppression of respiration, anxiety and depression of countenance, with short and interrupted sleepers, from which he awa-
takes quite tranquillized. At the same time he dislikes solitude, and becomes apprehensive when left alone. The approach of night is generally contemplated with more or less horror, and he is unwilling to be left in the dark (Scotophobia). While his nights become more sleepless, and his dreams more frightful (Paranoidia). In the above robust people, the above symptoms show somewhat of an inflammatory type. Such, in the first stage, which at variable periods will be followed by the second, or that of delirium, if not warded off by careful watching and attention.

The duration of this stage must necessarily vary with the age, and state of constitution of the patient. For instance, a young, and it may be a somewhat vigorous subject, who has but recently acquired habits of intemperance, will pass more rapidly through the different stages of the disease, than one who has been long a habitual drunkard, because the nervous system of the former, being so much chronically habituated to this habit,
is more capable of resilience or reaction. In any case, however, it seldom continues longer than 3 or 4 days, and often, only for as many hours, and then the second stage becomes established. The symptoms of this stage are those which accompany excessive nervous irritation or reaction. Consonant with this nervous reaction and irritation, we have reaction of the circulatory system, and hence we find that the pulse increases remarkably in frequency, even to 140 in the minute; but, although rapid, it is still small and compressible, as in the first stage. The surface of the body rises considerably in temperature, and becomes hot and dry, while the extremities are still cold, and covered with the clammy sweat. Tремор of the hands and tongue is much increased, and the latter becomes more绣, red, and covered with virulence. As the tremors of the hands, Dr. Bouchard remarks that tremors are very rarely, almost never, seen in the young or middle aged, or those whose muscular motions are not excessively
inconstancy; that they are seldom seen in the
first attacks of the disease; and that they
are principally observed in the case of confirmed
brain diseases, whose motions are always un-
steady in the morning and early part of the
day, until they take a certain portion of
their habitual stimulants. The most remark-
able arrangement is that of the functions of
the brain, which are excitable to a very
high degree. We have a great mixture
of restlessness and vertigo; the counten-
cance assumes a wild and anxious as-
pect; the mind is unsettled and for-
ful; the manner is confused and hur-
ried; and then are various mental illu-
sions and delusions. He speaks inco-
herently, and gives utterance to extreme
of groundless apprehensions about his own affairs.
In no long time, complaints that he
sees objects and sights when they are not
and cannot be, because they have no
existence. At the same time, he beholds
great terror at ridiculous objects, which
are continually threatening to carry
him off, or devour him. Blake men-
tions
tions a case, which came under his own observation. When the unhappy patient fancied he heard the devil at the ceiling above his bed; and as the disease, which terminated rapidly, increased, he beheld the evil spirit approach him with a rumple, to cut his throat, and actually expire, making violent efforts to avoid the fatal instrument. Sometimes the illusions do not assume so hideous a form, as is seen in a case related by Dr. Johnson, when the patient saw figures gliding through the room, when he was awake, sometimes his friends, and sometimes strangers, gradually increasing in number. They conversed, visited various parts, and much amused him. Some would congregate and act a scene with amazing eloquence. One might think the party took a witty turn, and amused themselves with rums, which the patient noted in paper. If the chances were fair they disappeared almost immediately after the scenes just mentioned, the figures changed their actions, and became like very devils. In hallucinations of a patient being elite was frightful, he may complain of the
measures he feels from the constant transit of cats, rats, mice &c. over his body, and he will beg that they should be thoroughly extinguished from his room. Such are examples of various hallucinations which may be experienced during a fit of delirium tremens. As this stage advances, the patient becomes totally deprived of sleep, and this is regarded as almost a pathognomonic sign of the disorder. He is continually fancying that he is not in his own house, and Munford makes frequent attempts to get out of bed, or even out at the window, if his visions have been frightful. He imagines that there is some conspiracy on foot to destroy him, and therefore regards everybody, but especially his friends, with suspicion. During all this, however, he is generally tractable if properly managed, and will, in most instances, attend for an instant to what is said to him, and will even answer questions rationally. But he soon again relapses into his former condition of abstracted thought. But if his ramours should be contradicted, then

he is apt to become irritable, and irritable.

and Vomitory, it is, that much treat,

ment is as prejudicial — during this

stage, the countenance is particularly

anxious, and even worn, the bowels

now, if anything constipated, the

stools dark coloured, and the arms pale

and deceit — the pupils are contracted

but there is no intolerance of light

all appetite is gone, and he may even

be vomiting state, the sometimes com-

plains of thirst, and then his eyes de-

mands an opium, but more commonly

so great is the longing for all good to

drink, that it is impossible for him.

The attendants to persuade him to touch

either. The Epigastic region in some

cases is the seat of pain or pressure.

Such, then, are the symptoms of the 2nd

case, which in a variable period of time

will be followed by either resolution, or

death. When a case is progressing fa-

vourably, we observe a gradual mili-

gation of those, attended by drowsiness,

and strong tendency to sleep. In
fact, this is the 3rd stage consists in general nervous relaxation, and is compared by Blake to the 3rd or sweating stage of fever, in which there is general capillary relaxation. When slumber has supervened it may continue for from 6 to 24 hours, and then the patient awakes, very much refreshed, after which he soon becomes convalescent. But when a case does not proceed favourably, we find that all the symptoms of the 2nd stage become aggravated, and new symptoms supervene. Caution would be necessary to distinguish it from the last stage of Typhus, which it now closely resembles. There is now enormous nervous irritability, with constant trembling. The patient becomes very chatty, and his body becomes covered all over with a profuse clammy sweat, which gradually extends from the extremities. There is a constant tremor, which approaches to subcutaneous trembling, picking up the bed clothes. The pulse becomes accelerated to 100, the pupils contracted, and the features envo...
in a state of constant twitching. His tongue becomes dry and brown in the centre, the patient excretes more slowly, and the stool becomes less frequent, and continues till a short time before death, previous to which there is generally a calm. According to Dr. Alison, death is seldom preceded by coma. The patient may expire suddenly, or in a convulsion, or during an interval of quiet, without a struggle.

In all cases where delirium is violent and sleeplessness long continued, the fatal issue is not long delayed — and the termination of this disease is in conforming manner. If, says Dr. Armstrong, convalescence is not established within a month, there will be danger of permanent alteration of the mind, as the most strongly marked cases terminate favourably or otherwise before that time —

The preceding is an outline of a case of genuineellinium Remixens, but the
are many complications, which may arise in the course of the disease, modifying in various ways the ordinary symptoms. The consideration of these complications, however, is foreign to the scope of this paper, and shall therefore be omitted. We shall therefore proceed to consider, next, the types of Delirium Tremens. Our first case, on being called to a case of suspected D. T., should be to examine into the history of the patient. If in fact, that he has been irregular in his habits, and of the present characteristic symptoms (rasin of Delirium, cold sweats P. E.) previously alluded to, we may at once conclude that the reigning disease is Delirium Tremens.

The appearance of a patient, labouring under the disease, is so characteristic, that when once a case has been seen, it will not be easily forgotten. But, still, there are a few affections, with which it may be confounded, as Insanity, Phrenitis, and the Delirium attending on Typhus Fever. As to the final result, there can be no doubt, but that in some instances, it assumes the character of confirmed Mania, but there are certain points in the distinc-
- tremors, which are well marked. The tremors of the hands and tongue, the working of the tendons of the wrists, the absence of rigidity in theฉบับcence, and the knowledge of the previous habits of the patient. Also in Delirium Renens, there is always a remission of the mental derangement in the morning, whilst the reverse is the case in Frenésie. The character of the Delirium is also said to be nearly distinct from the two diseases.

To distinguish it from Phrenitis, we rely principally, on the absence of all inflammatory symptoms, the presence of tremors, no injection of vessels of conjunctiva, and no intolerance of light. We have also the pale face, cold sweat, a cold sweat attendant on D.I., and in cases of doubt, a valuable guide is afforded, by inquiring into the history and previous habits of the patient.

From the delirium of Typhus, it is distinguished, by the late period at which the delirium of Typhus supervenes, and by the character of the Delirium Renens, the patient has a con-
About tendency to change his position whilst in Delirium Tremens, he lies helplessly on his back, without however attempting to move—among seamen and soldiers when habits of intoxication are common it will sometimes require much discernment to decide between these two forms: for the vacant stare of the countenance, the loss of idiom, incoherent speech, faltering voice, and tottering walk, are to alike in both cases, that the naval and military surgeon ought at all times to be very cautious how he gives up a man to punishment under these suspicious appearances.

Then as two forms of Delirium Tremens also, between which it will be necessary to draw some line of distinction, as the treatment applicable in one case, would require to be considerably modified in the other. In two forms, which I allude to are first that form which appears in those persons who are in the habit of inhabiting daily a certain quantity of the predisposing stimulus, and, secondly, that form which appears on persons who...
addicting to daily habits of intemperance, and brought on by the continuous fe
of drinking, in which case, the Del-
irium is probably accompanied with
Gastritis. What are the sources of
The diagnosis in these cases? We must
first make accurately the history of the
case, and then the symptoms split
in the second form in addition to the
phenomena necessary to constitute our idea
of Delirium. Besides, we have superadded
many of those which indicate excited action
of the stomach, as nausea, vomiting,
heat of mouth and stomach, great thirst;
Rexis for cold drinks, fulness of epi-
gastrum, tenderness on pressure, con-
tinuities, and the other ordinary symp-
toms of gastritis. We must, however, be
very careful in our diagnosis, because
into our cases, in which the disease (gas-
tritis) may be present, and yet
The symptoms of it begin alyance, by The more
Prominent symptoms of disturbance in
The nervous system — A third source in our diagnosis here is to see the effects

of
of remedies, which, explicating its symptoms
from insufficiency, may be cautiously ex-
perimented on.

So much for the diagnosis, and now it will be necessary to say a few for words concerning the causes of the affection. The term of the opinion generally held, regarding the cause of it, is that it has the abuse of intoxicating liquors for its predisposing cause. Whilst the ab-
stention of, or sudden cessation from, the accustomed stimulus acts as the exciting cause. As regards the first assertion, viz., that the abuse of intoxicating liquors is the predisposing cause, all are agreed, but regarding the second, there is still some room for argument. Most authors do not definitely assign as the exciting cause the sudden cessation, from the accustomed stimulus, but, from the expressions used, it would seem to have arrived at the conclusion, that it is, at least, in most frequent exciting cause of the disorder. Blake, however, on the one hand asserts, "That, on disorder is in all cases
Puny cataleptic, arising invariably from
the same cause, namely, the sudden cessation
of material diminutions of intimate tactile
habits. In the New Medical for Peddie
in the able paper, in the Scots Med. J.
Eng. Journal of June 1854, asserts posi-
tively, that it never has the "cessation
from the accustomed stimulus" acts
exciting cause, but, that if symptoms
of the disease did show themselves, after
suddenly ceasing from the stimulus, these
were not to be regarded as the new result
of a change in the quantity concerned
but, as occurring in spite of such
change, and because the peculiar con-
stitutional effect has already been pro-
duced, and the paroxysmal stage
of the affection already begun. With
the latter theory, I am inclined to concur,
as it is simply supported by analogy
"monocrotal inmune or the oxides of Mercury
when long inhaled, or absorbed into
the body. In case of gold, quicksilver
mercury, and others, it the Course of
time, produce an attack of shaking
Para laries, the tremendous memoir of the French Pathologists, in all, will it be accorded, that the workmen long exposed, are more likely to be affected with hemorhous, if removed from the poisonous atmospheres of occupation? Than if they continued at their work? Of course this question must be answered in the negative, as it is well known to all, that a man can only be affected by a transient removal from the obnoxious atmospheres. The same holds good in the case of lead poisoning—I have no doubt, but, in a case of Delirium Renins, the same would be found. To the Measling, as in the case of the mercurial poisoning, &c., a long continued exposure to the poison giving rise to the disease, without any material diminution in the quantity. To him I believe, that, if a conscientious patient who has been accustomed to inhale large quantities of alcohol, were asked as to his having diminished the dose previous to the attack of D.T., he would state, that he found, that a much
smaller dose was necessary. It has peculiar effect on the system, immediately previous to the onset of the disease; in fact, that the whole system had got into such an excitable state that his own sensations compelled him to increase the amount of stimulants. But, what were those own sensations equivalent to, even upon this reduction? Why, there is no doubt that most of them were equivalent to the remonstratory symptoms of the disease. In fact, the sense of intoxicating liquids must be considered not only, as the exciting cause, but also as the exciting cause of the disease. In some diseases occurring in abundance after treatment, have their history, the malady under consideration is very prone. To come developed. For instance, colic in the rectum or frequent flatuence or purging frequently gives rise to—In women, a frequent exciting cause of the disorder is the phthisical state. Some authors state that emanations from coal, malaria
We may form a favourable prognosis, if the subject of the disorder be a young person, whose constitution has not been shaken by any long continued dissipation, and particularly, if it be his first attack, and if the patient has frequently suffered from attacks of the disease, or if his constitution be undermined by intemperance, then we are justified in making a gloomy prognosis.

Epidemic
- endemic, the prevalent at that time. Particularly, if it be of a typhoid type, we should be guarded in our prognosis; complications, also, render the prognosis less favorable. If there be tuberculosis tuberculosis, with low deterrence, to any known longer, the disease may be considered as fatal, but if, as previously stated, mitigation of all the recent symptoms should take place, it is pathognomonic of a favorable termination. Black concludes that state of the rules as a comprehensive, by grade to the prognosis of this disease. He says, that if the rules of the patient do not exceed 100 stitches in a minute, he lost his patient as safe, but on the contrary, when it could clearly be counted, from the number of the hands, he considered him in imminent danger—some authorities state that before tracheal is unfavorable light. Bottom states it is neither a favorable nor an unfavorable symptom. As already stated, if this disease con-
times for a long time period, it is
ept- to cure permanent affection of the
mind behind it. Upon this duration
of the attack should the taker enter
account in the progress. From a table
by Bache it would seem that the
average day, at which the sleeping
stage commenced, was the 5th. From
the chart of admission. In some, how-
ever, the sleeping stage did not come
on the 5th day, while in others,
it superceded as early as the 3rd day
of which has been. The despondency, and many
have been. The doctors advanced, con-
cerning the nature of this truly. If I
may be allowed the expression, deplasing
broil, and it appears to me that
the just conclusions have as yet been
worn out upon which to found a
form of pathology. Although man has
been endowed with a mind to think, to
consider, regulate. Man's mind, yet
is only in him furnished with
every faculty, which ought to cause him
towards the true location, that we find
any
any movement made towards his own


destruction, he being, at the same time,


to control it, by a mere exercise of his


deciding power.


all are now agreed, that it is a dis-


case, especially, of the Nervous System


and that it is not, in its essential


Nature inflammatory. But, until the


end of last century, and previous to the


researches of Dr. Pearson and Thos., it


was classed among the inflammatory


diseases, and treated accordingly by


antiphlogistic remedies. It is not the


wondered at, that our forefathers should


have fallen into this mistake, considering


how very analogous, sometimes, the symp-


thons of Delirium Tremens are to those


of neuralities and other cranial disor-


erous arising from inflammation. In fact,


in those days, inflammation was con-


sidered as the "Plumbum Sales" or


"Ultimum Monum" of disease, and Patho-


logy recognized the only mode of disease


and inflammation, and the results—
of the treatment of the affection arising fromchwallowinger, and cicatricial processes. The
remedial truly inflammatory character was
then considered, as to lead engendering pain to
consider the real nature of the cases from
accordingly—about this time, there appeared
a very valuable paper, containing many in-
teresting observations on "Constitutional
irritation" (Havers) which gave a new and
extended direction to pathological research.
It was shown in this paper, what a prom-
inent part the nervous system played the
development of disease and that, although
these features which characterized the affection
of this part of the economy, were from
their nature, less within the scope of our
understanding, as compared with those
of the vascular system, the sti state, the
same then occurred in nature, and it
that—many of its phenomena of
disease in vein and esplanation in
the affections of the vascular system,
showed also distinctly the difference, ex-
lusive inflammations and their irritation
and pointed out, how these may often be
complicated.
complicated with one another, as that they cannot be distinguished.

The occurrence of various changes, we would require to consider, upon arriving at a correct nosology of this disorder, are too elaborate for mention here, and, moreover, it will be sufficient, that I merely state summarily what is now generally believed.

By absorption, exogenous pathies, when taken into the stomach, are conveyed by the veins to various organs, throughout the body, as to the liver, lungs, heart & brain. By continual contact with the linings of more organs, they induce, slowly, a disordered state of the functions of them, as well as a change in their structure. Now, if all organs, the brain is the most susceptible of the action of alcohol. Because, as Dr. Percy remarks, it would seem, almost that a kind of affinity existed between alcohol and central matter. He also observes a remark may then be appropriate by introducing, respecting the situation, in which the alcohol may exist in the brain, that, to a certain extent, it is diffused
Perey's Thesis - 1833 -
though the substance of the brain, and that it is not all contained in the central vessels, will, I think, appear from the following circumstances—namely, that although there subjected to analysis, a much greater quantity of blood, than can possibly be present within the brain, yet there, in general, been enabled to produce a much larger proportion of alcohol from the brain, than from all this quantity of blood. It is a well known fact that alcohol, in contact with any living tissue, causes congestion of the vessels of that tissue; therefore, alcohol in contact with central tissue, must cause congestion of the central capillaries. But we have yet an other source of congestion of the brain, baving into and this may be termed a mechanical congestion. It is accounted for thus: When alcohol is introduced into the stomach, and after it has been absorbed by the veins, it has to be carried by the venous blood, through various regions of the body, before it can reach...
The Centrum. The organs alluded to, are the Stomach, Liver, Heart, Organs and Nervous system. The consequence already noticed, it follows, that the results in all these organs, must be more or less congested. As a result of this congestion, the liver, of course, namely congestion & inflammation of the Blood in the vessels of the Hunter organs, Brain included, and to this, also, we may ascribe the cold extremities and pallor previously noticed, as characteristic symptoms of Delirium-Frenesia - Now, this intense congestion of the Central Capillaries, gives rise to irritation of the cellular Nervous Pulp, but we have, still, a more direct source of irritation, in the contact of the spirit-charged blood with the Nervous Pulp. In every instance of Delirium Frenesia, says Dr. Peddie, the stimulus or alcohol-like principle, a powerful Nociceptive-acid agent, in whatever way atomically combined, or chemically arranged, after its introduction into the system, acts slowly on the Nervous
pulp, through the medium of the circulation, poisons its substance, and sets up at last, what may be termed an alcoholic encephalitis, or, if I may be allowed this expression, an alcholism. We have, yet, a third cause of irritation of the brain to mention, and that is, the circulation of imperfectly heated and deoxygenated blood, through the delicate cerebral substance.

It has already been cursorily noted, that when there is congestion of the pulmonary capillaries, from the cause previously mentioned, to the bronchial capillaries being congested, from the same cause, then what necessarily be a stagnation of the blood in both sets of vessels, and, in consequence of this, an insufficient aeration of it.

The bronchial membranes, also, in these individuals, becomes wrinkled or rough, it throws out a new secretion, which is dense and adheres to the walls of the tubes, thus by preventing the ingress of air, and thus concurrently with the congestion tends greatly to render the function of inspiration difficult.

I find that the respirations are more freq.
- habit in shrill sounds, and in those of eminently habitual. From the different causes above described, the disruption of meningeal congestion & cerebral irritation is induced, and cerebral permanent in spent, shrillness, and this irritation is not allayed by previous treatment tends to run on to inflammatory action of serious encephalic mischief.

Having now traced the various sources of nervous irritation, which indeed, may be considered as the true nature of helminth fevers, we must now consider the appearances found after death from D.T. In making a post-mortem examination, we must not expect to find in all cases any obvious external cause, which would be sufficient to account for death, as in some cases, scarcely any change in digestion from the natural state of the parts is observed. The most frequent and superficial appearances, is opacity of the arachnoid membrane, especially at the summit and base of the brain, and particularly why marked over the sulci, between the con
- Solutions - The arteries & sinuses of the brain are always distended with dark-coloured blood. The sinuses of the arteries present spots of clotted decomposing matter. The vessels of the brain are much engorged. The cut surface of the brain exudes a large quantity of a serous fluid. The ventricles also always contain a quantity of serum. In some appearances are not constant, and an option observed for those who have died from a first-attack of Delirium Tremens, often a protracted delirium. The spinal cord, like the brain, is congested, and contains between the membranes a quantity of serum. The lungs are generally found congested and containing phlegmous mucus, which existe on Jackson. If the patient have been a habitual drunkard, and has frequently suffered from attacks of the disease, the lungs become emphysematous, lose their expiratory power and an asthenic diaphragm. The most frequent result of long continued antispasmodic is disease of the liver. It may either undergo fatty transformation, or...
Hypertrophy, or atrophy - The most frequent of these perhaps is hypertrophy, the congestion, which the vein, like the organs, undergoes, and the enlargement of the vein themselves, producing that state. It then becomes brownish yellow in colour, and the aminac are seen protruding from its surface. Degree of the vein, it of course only mit-will, in cases of long standing interference & dissipation.

In old ages, the peritoneum of the stomach becomes very red, and pat-ches of red are early seen, 

The middle coat of the arteries, always becomes the seat of leptomeningeal deposit in habitual drunkards. The thoracic 

section being attacked, generally first. The 

Central actions, however, soon become like 

wise transformed. 

As before stated, the morbid appearances already noticed in the brain & adjacents, are almost exclusively those observed in a recent case of D.T., but in old cases, they are greatly aggravated. We 

have now at play of the convolutions, in -
Treatment

by the continued end increasing pressure of the accumulating bronchial fluid, between the consolidations. The amount of fluid in the bronchus is greater, and it is of a thicker nature.

Here, as in the last section of the subject, we have the consideration of great disparity of opinion prevailing, some proposing a stimulant -- for example -- plan of treatment, thus proving a diametrically opposite plan, entirely nonstimulating. The latter is that proposed by Dr. Peele, and has been to undergo the test of experience, upon it can be recommended as a suitable method. The former has long been the established rule of practice, and I shall therefore, with some modifications, dwell upon it here.

In our symptomatology, we divided the disease into 3 distinct stages; now, in the treatment, attention should be paid to these stages, as what is required in the way of treatment at one stage may not be applicable to another -- the severity of the treatment should also be regulated by the age, constitution and previous habits of the patient, complications.
ations occurring in the course of the disease will considerably modify the treatment. During the first stage, it is quite possible by good management to cut short the disease. Munford, it is of primary importance, that the patient should be seen early. It has long been a custom, to continue to a moderate extent, in the progress of this disorder, the stimulus to which the patient has been accustomed, and Munford may naturally suggest itself to one's mind: Will I or will I not prescribe wine for my patient? Now, to this, I have no hesitation in answering: No, and why? Because, we have already seen that alcohol acts as a poison and irritant on the nervous pulp, that it does so by accumulation, setting up a condition of the system, which may be termed alcoholism; Munford, it must follow, that even a small quantity, administered in the treatment of this disorder, will cause tend to increase, when diminished. The mischief already begun, I would, Munford, begin the treatment by administering a caustic in all cases, as this is found to be necessary, in order to
Contraact - the tendency of the opium, subsequently to give, to cause constipation. It is also necessary to diminish the irritation, consequent on the concretion of the whole alimentary canal. Black recommends, as the last resort, in this instance, a drop of balsam oil, which he says acts through the medium of the nervous system.

If there be symptoms of active irritation, expressing through its containing a few grains of liquorice into the form of opium, however, must be given with a sparing hand in the first stage, and, if given at all, Dr. Graves recommends that it should be composed with Tartar Emetic, which remedy has frequently been highly lauded. Dr. Graves for Formula is the following:

\[ R + \text{ Potassium Tartrate} \times 10 \]
\[ \text{Milk powder} \times 3 \]
\[ \text{Agave} \times 2 \]

During the febrile stage, 6 tablespoonsful every second hour. This allows 14 grains of Tartar Emetic or 1 grain of liquorice for a dose. The Tartar Emetic acts on the skin, kidneys 95%, at the same time that it acts as a sedative, reducing the central congestion. This is great tolerance
Of this remedy in Delirium Tremens—Calomel—
Tis the most, containing mercury, from
their place; also, in the list of remedies—
In this stage, it's much more open as with
advantage of cold affusion, which, however, to
prove successful, must be used only in the very
caly part of the fever;—Blake, an, in
the stage, recommended to be applied to the
face of the neck, and epigastrium, but
the very troublesome and harassing to the pas-
tient. Pernicious pictures have therefore super-
seded then use—Blake recommends, that
the head should be shared in young subjects
and no frequent attacks, and that it should
be well rubbed with strong volatile liniment,
so as gently to stimulate the surface
of the scalp—as to the nourishment—If
the gum, one may allow such mildy sub-
stances, as rice, soap, arrowroot, &c. but
whatever is given, must be given in small
gamble, as the stomach is generally insensi-
tile to food in this disease—

Should all our efforts, however, prove unav-
ailing, and the second stage of the disease
become established, one must still continue
our treatment—by administering opium in
doses sufficient to produce sleep. In a patient,
who has long been intemperate, the nervous
system becomes nearly susceptible of
the action of narcotics, and therefore a much
longer dose of the drug is necessary for
those unfortunate. Thereupon, for men
who have been attacked with the disorder
after a single debauch, from 30 to 60 gr.
of Laudanum may be given at the interval
of two or three hours, until sleep is
procured. Then, however, a limit—beyond
which one must not manoeuvre, as the pain, if
permitted to grow, tends to increase the congestion
within the head. The state of the bowels
should be looked to before administering
such large doses of opium,castor oil or
other purgatives being occasionally given.
Instead of opium, other remedies have occa-
sionally been brought forward, as Camphor,
Hanbury, Extract of Pepp, sub-wool. At
their use has not been attended with that
success, which attends the use of opium,
but—they would probably be useful in cases
when the medicinal properties regarding opium,
The warm bath, is a capital adjuvant of the opium in this stage, and besides soothing the patient, favours an equal distribution of blood, by exciting a general perspiration — I observed, that the power of the patient, were beginning to fail, I should of course impose the general rule, already laid down, and prescribe a stimulant — because, of course, there is no other alternative — instead of the laudanum alone, the morphia already ordered off for the first stage might be given, an increased quantity of laudanum being added — if our efforts prove successful, and sleep is procured for our patient, all may be considered, as to the ultimate issue of the case, but before alluding further to this subject, we cannot say a few words concerning the moral treatment of the patient — in the first place, no means of restraint — use, as a general rule, acquired. It calms lends to visitate and excite the patient, than tranquilises him. By kindness, and indulgence, we seek to gain an ascendancy over his mind,
And, if we have succeeded, we will find that he will readily yield. But on the question of whether or not he is necessary, however, always to have a few attendants near, in case of any outbreak on the part of the patient. These attendants must—mildly yet firmly—determine, interpose, and either to prove dangerous to himself and others. The Medical attendant should try to rule the mind of all. The hands & frightful fancies, which he—keep it—so much for the moral management, which is not the least important part in the treatment of the affection. The patient's room should be well secured, and every offensive weapon excluded from it. This is merely a precautionary measure, for it is clearly that we keep the affection away, so that he, in a district, would not be large, in order that he might have plenty scope to fight with his imaginary enemies, and to fly from imaginary danger. Where that—should threaten the patient—should be some distance from.
The floor of the room, and should be well secured to prevent escape. It is a great misfortune that the patient should have plenty of exercise, as it, along with the anxiety, tends to exhaust the patient. As, accordingly, seems advise. The room should be well ventilated, and well lighted, and during the night—the artificial light—should be as bright as possible, in order that optical illusions may be corrected. In a Lunatic Asylum Perfect Arrangements may serve as well, because the numbers in these establishments are well padded, so that the patient cannot injure himself. To resume, the risk can be that if a deep groove and narrow, all fear might be banished as to the view of the case. When sleep comes on, it may perhaps be disturbed by occasional startled, and then the time to become it, by excluding all noise, and annoyances. In due course it gradually becomes more profound and refreshing, and the patient—after length—awaits calm and composed. If, after anxious care and watching, sleep should
still be absent, small hope of recovery should be held out to the friends of the
patient, but in some cases persist in
our treatment on the general principles al-
ready laid down, modifying it according
to the various indications which may
arise. In these cases, it is probable that
the increased oppression into the ventricle of
the brain has taken place. Simultane-
sous means required to keep up the internal
warmth of the body. Blake has said,"at
this period, I would recommend, con-
trary to the general opinion, the applica-
tion of a bladder to the head, and the liberal
administration of paregoric & liniment.
Mornine pills are said, at this stage,
to be of service in exciting the abdomen
to action. Petrolatum may be applied
to the epigastrium. But it is to be feared
that all treatment now, will be unfruit-
ful—warm baths, &c. adventitious—
After recovery from this disease, it is the
duty of the medical practitioner to warn
his patient, that he cannot continue long
his intemperate habits, without another
Occurrence of the affection, which in all probability may carry him off. Whilst yet a feeling of gratitude remains, on the part of the patient, towards the practitioner, a word in season may turn the lost; but let him (patient) become morose, convalescent, and oblivious as to his recent attack, so little is his power of self control. When once these habits have been engendered, that all hope of weaning him from his vices will prove futile. In advising the patient, the practitioner should do so, not in a reproachful tone, but in one of kindness and gentleness. It is extraordinary, that although, such patients may be informed by the humane efforts of their medical attendant, yet the case may turn to the entreaties of their relations & friends, is one ofFallen depressions.

With these observations then, I conclude this essay, which I have been led to say contains no originality, as I have never been present in a case; it is merely a compilation from various works, I have read on the subject.