

On the treatment of certain cases of delirium with insomnia / by W. Marrant Baker.

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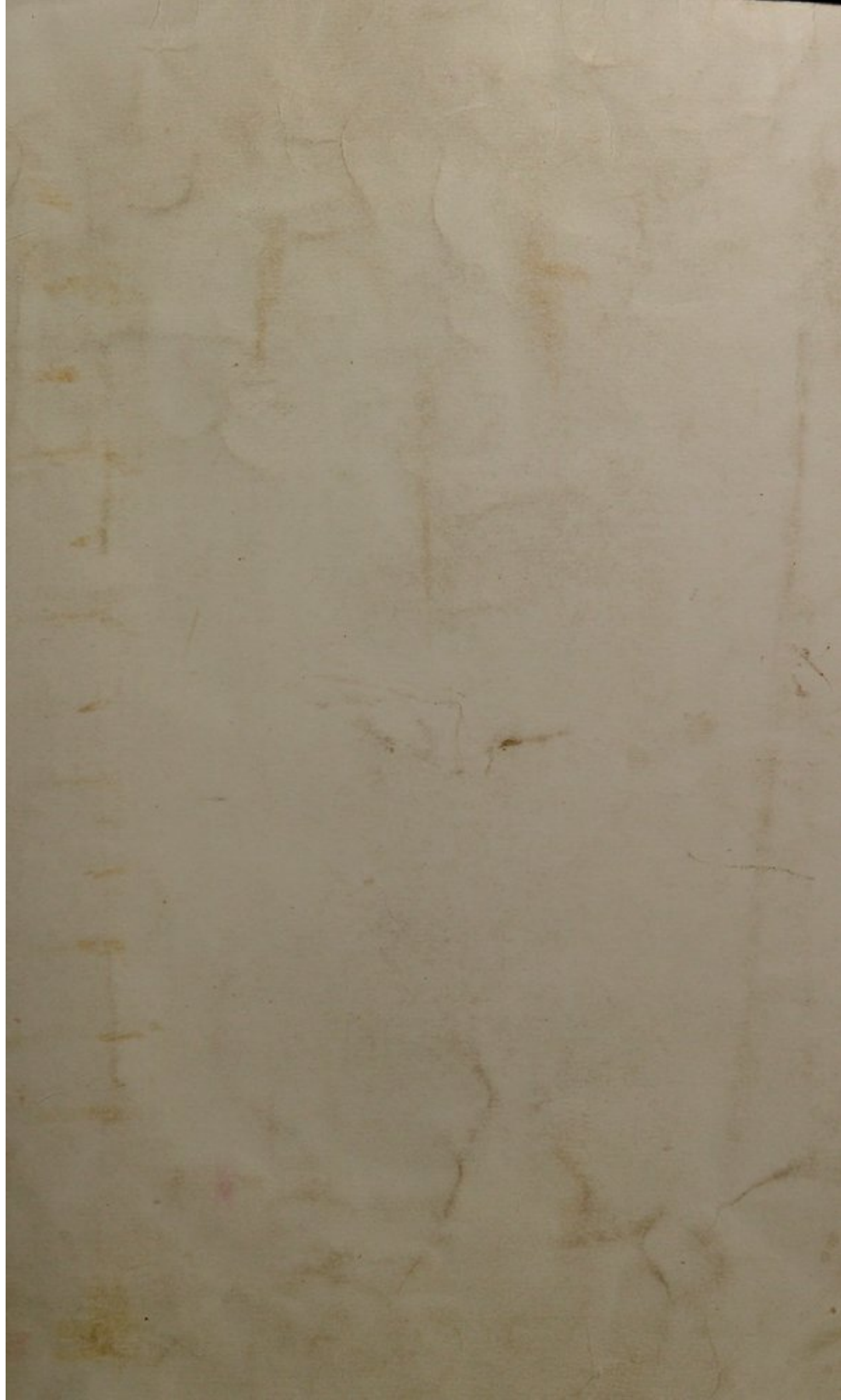
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4.

ON THE TREATMENT OF CERTAIN CASES OF DELIRIUM WITH INSOMNIA.

BY

W. MORRANT BAKER.

All who have had much to do with cases of delirium tremens, especially as it occurs after injuries, will be able to recall instances in which sleep cannot be procured by any of the ordinary remedies. Opium or morphia, whether by the mouth or by subcutaneous injection, chloral, bromide of potassium, and all other internal remedies, are powerless; while the application of ice to the head or the cold douche is either inapplicable or fails to produce the desired effect.

Under such circumstances I have been in the habit, for some years past, of occasionally combining two methods of treatment, either of which, by itself, would be insufficient. First, chloroform has been administered until the patient is fully but not very deeply under its influence; and then morphia in a moderate dose, say a sixth to a third of a grain, is injected subcutaneously; the inhalation of the chloroform being continued until time has been given for the absorption of the morphia.

The plan is so simple that I cannot doubt it has been often employed by others. But I cannot remember seeing any account of it; and this may be my excuse for drawing attention to it. I would lay stress upon the following points:—(1.) That only a very small minority of cases of delirium are so intractable by ordinary means as to require the treatment referred to; and (2.) the plan should be carried out with due caution. It is not requisite or advisable to administer chloroform for any long time or to inject the morphia in any other than very moderate doses.

Many years have elapsed since I first employed this method, and I have not preserved notes of the earlier cases. The first

that I can remember occurred about twelve years ago, when Mr. Young, now of Sevenoaks, was house-surgeon at St. Bartholomew's Hospital. It was that of a man of middle-age, who had been admitted on account of fractured leg and had been subsequently removed to the Casualty Ward on account of the noisy delirium which came on soon after his admission into the hospital. The usual remedies had been tried without any good effect; and for many hours the patient lay shouting incoherently and violently straining, with more or less success, to remove the splints and bandages from his broken leg. The impression given me on seeing the case, as I did for the first time at this stage, was that the man would die if sleep were not soon procured; but having no detailed notes of the case, I cannot say for how many hours the insomnia had lasted. At my suggestion, Mr. Young administered chloroform, and while the patient was under its influence, injected a moderate dose of morphia subcutaneously; the inhalation of chloroform being continued for a few minutes and then discontinued, but renewed once or twice when the patient showed any sign of awaking. Within a short time (I think about a quarter to half an hour), the patient was fast asleep and remained so for many hours, awaking refreshed, and, as far I can remember, giving no further trouble.

For the notes of the two following cases I am indebted to my late house-surgeon, Dr. James Harper.

CASE II.

A woman (P. P.), aged 39, was admitted into St. Bartholomew's Hospital, under the care of Mr. Marrant Baker, on the 9th February 1883, on account of a simple fracture of the tibia. Two days afterwards, having had no sleep since her admission, she became chatty and then excited and delirious, with hallucinations of the kind common in delirium tremens. Repeated doses of bromide of potassium and chloral were administered during the day, and in the afternoon and again in the evening morphia was injected subcutaneously. These measures were, however, quite ineffectual, so far as procuring sleep was concerned, and on the following day she was removed to a separate ward, and an extra-nurse was appointed to watch her.

In the afternoon of this day (the third since the patient's admission into the hospital), no sleep having been obtained, chloroform was administered and gr. $\frac{1}{4}$ of morphia was injected subcutaneously. The pulse remaining good, the inhalation of chloroform was continued for about a quarter of an hour and

then gradually discontinued. After this the patient slept soundly, and remained asleep for twelve hours, excepting the few minutes during which she was occasionally roused for food.

On the following day, February 13, she was much better, but as there was still some restlessness, a dose of bromide of potassium (gr. 30) and hydrate of chloral (gr. 20) was given; and as this had not much effect, gr. $\frac{1}{4}$ of morphia was injected subcutaneously a couple of hours afterwards. This had the desired effect, and no other sedatives were required. From this time she did well, and had no return of delirium.

CASE III.

A man (J. W.), aged 39, was admitted into St. Bartholomew's Hospital, under the care of Mr. Marrant Baker, March 1, 1883, on account of compound and comminuted fracture of the tibia and fibula.

On the afternoon of the same day he began to exhibit signs of delirium tremens, being talkative and tremulous. Late in the evening there was slight delirium. Brandy and opium were given in the afternoon without any good effect, and in the evening gr. $\frac{1}{3}$ of morphia was injected subcutaneously, but without procuring sleep.

As the patient was steadily getting worse, chloroform was administered by Dr. Harper, and while the patient was under its influence gr. $\frac{1}{3}$ of morphia was injected subcutaneously. It was found impossible to keep him long under the influence of chloroform as the pulse became weak and irregular; he was under the influence of chloroform, therefore, for only about ten minutes. The effect, so far as it was, was very good. The patient slept for two hours, and on his waking in the middle of the night, half an ounce of brandy and ℥ $\frac{1}{5}$ of tr. opii were administered. After this he slept for two or three hours more, though not so soundly.

March 2.—On this, the day after admission, the delirium continued, and the patient slept but little during the day. Unfortunately the treatment by chloroform could not be repeated on account of the very broken-down condition of the patient. The administrator of anæsthetics found the pulse so weak that he did not consider it advisable to administer chloroform, and the usual remedies were therefore continued as far as it seemed safe under the circumstances. The patient did not rally, however, to any extent, and on the third day after his admission he died—the delirium continuing to the end.

The only good sleep which he had was after the administration of the chloroform, and the subcutaneous injection at the same time of morphia.

CASE IV.

For the following note I am indebted to my late house-surgeon, Dr. Oscar Clark.

A flour-porter (F. D.), aged 42, was admitted into St. Bartholomew's Hospital, in Mr. Marrant Baker's absence from town, under the care of Mr. Shuter, on August 20, 1883, having fallen off his cart while unloading flour-sacks. He fell on his head, twisting his neck under him. As there was considerable pain on any movement of the neck, though there was no symptoms of fracture of the cervical spine, he was treated for precaution's sake with sand bags on either side of his head and a flat mattress with no pillow.

The pain in the neck rapidly got well, and on August 23, there was only a little stiffness.

Suddenly, in the night of the 23d, the patient awoke, complaining of bad dreams, and spoke incoherently. A subcutaneous injection of gr. $\frac{1}{4}$ of morphia was given him, and he slept soundly afterwards.

On the following day he spoke naturally and was quiet, but slept badly that night, and was again somewhat incoherent.

On the following day (August 25) he grew restless and would get out of bed; and in the afternoon he became so troublesome that it was necessary to restrain him by straps. Chloral and bromide of potassium were given regularly.

In the evening of the same day, as he refused to take any medicine, morphia was given subcutaneously, and three injections of gr. $\frac{1}{3}$, gr. $\frac{1}{3}$, and gr. $\frac{1}{2}$ were given. After each injection he was quiet for a few minutes, but soon roused up again and became more violent.

By this time he had become very violent indeed, shouting so loudly that he could be heard all over the hospital, and at last he was furiously maniacal.

His condition at this time was very serious. He was extremely exhausted and was bathed in perspiration. The pulse was rapid and small. He had taken little or no food.

Chloroform was now administered by Mr. Colville, several assistants being required to hold the patient down for its administration. He very rapidly, however, came under its influence, not more than a drachm and a half of chloroform being used. The pulse somewhat improved, but the breathing

became very slow (the rate being only ten respirations per minute), though not stertorous. As he had had three subcutaneous injections of morphia so recently, none was now given.

The patient was now in a deep sleep, and slept soundly for twelve hours, when he was roused for food. After this he slept again.

No further trouble ensued. Though at first somewhat confused, the patient soon recovered his memory, and had no return of delirium. He left the hospital a few days afterwards.

became very slow (the rate being only 12 respirations a minute),
 amounting to 12 breaths. As he had had the opportunity to
 take in morphia as usually done, some was now given.
 The rate of respiration rose to 16, and after another 1/2
 was given when he was in a better mood. Although he slept
 again.
 The patient's condition improved, and at that moment con-
 sidered the patient even recovered, as he was, and had no return
 of delirium. He had the benefit of 1/2 grain of morphia.

