

AN
INAUGURAL DISSERTATION

ON

Mania-a-Potu



SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

University of Nashville,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

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OF

Alabama

March 7th 1857

W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.

Mania-a-potu

Mania-a-potu is one of the nervous diseases. In examining the cause of this disease as given by different authors, I observe in Words Practice that he argues, "that it is produced by the suspension of an accustomed stimulant and Prof Dickson in his practice says "that it is not the suspension of an habitual stimulus but the continued use of it." This disease is not produced by the continued use of any particular variety of spirits, though reason would teach us that it is most apt to result from the strongest drinks. This disease is much more easily produced on people of sedentary habits, than on those who take vigorous exercise.

The stimulating effect of the spirits

is carried off by the various functions of the excreting structures, and this prevents it from concentrating its whole effect upon the Encephalon.

The occurrence of an injury or a violent attack of some disease is apt to be the exciting cause of the delirium, by requiring the suspension of the stimulus, because it is either rejected by the stomach or the system is rendered insusceptible to its influence. Nature seems to have provided for man in the abuse of alcoholic drinks, so that nausea and vomiting should be brought about. The system is thus retrieved, the delirium eradicated and the opportunity offered the organs for convalescence. The excitement of the brain under

the influence of nausea and vomiting is allayed, for a great degree of disturbance of the function of the cerebral structure seems incompatible with this condition. It is common to see the inebriate laboring under a spell of cholera morbus or some other malady attended with nausea and vomiting. While in this condition he retains the full possession of his mind; but if this stomach affection is interfered with it may pass at once into delirium.

The cause of this disease sometimes depends on mental anxiety, traumatic injuries, or the persistent use of opium.

Symptoms A feeling of dejection, and oppression in the

epigastric region, a total loss of appetite, accompanied not infrequently with nausea and vomiting. The tongue in the outset is moist, tremulous and soon becomes thickly furred, accompanied with fetid breath, The bowels are in some cases unusually loose, with bilious discharges like that of cholera morbus; while in others they are constipated. The skin is cool and moist, the pulse soft and frequent, the eyes red, suffused and ⁱⁿ expressive, the whole countenance is ^x expressive of some abnormal condition of ^{the} nervous system he mutters incoherently, thinks he sees something unusual in his room such as phantasms

holgoblins &c; which at first appeared transient; but finally becomes real in his furious imagination. He sometimes thinks that some one in the room is trying to injure his person; while at the same time if questioned concerning his disease will answer rationally or put out his tongue at your request. In some instances his feelings are altogether sympathetic, or apparently so; he imagines that murder or punishment is about to ^{be} inflicted on some person in his presence or within his hearing. Often he appears to be in dread of some impending danger; he will turn his head first one side and then ^{to} the

other, as if listening for the anticipated dangers. Morbid vigilance is always present. His sleep is disturbed more and more until it is almost entirely suspended for weeks. Muscular tremors frequently occur in this disease. The Tongue limbs, and tendons tremble sometimes emerging into convulsion. The third stage generally assumes the Typhoid condition with low muttering delirium; a dry and brown Tongue, haggard countenance and pulse varying frequently.

The anatomical characters afford nothing definite, in uncomplicated delirium Tremens. A variety of lesions have been found. The stomach, brain and liver show

signs of disease in the examination of a patient who has fallen a victim to this disease. The progress to which it may have attained depends on the duration of his intemperate habits. There has been found a large quantity of serum in the ventricles, but this may have originated from the habituated state of the brain in drunkenness.

Its nature There has been considerable diversity of opinions concerning the nature of this disease. Dr Abernombia speaks of it as, "a dangerous modification of meningitis, which shows only increased vascularity" Dr Bright also includes it among his cases of "meningitis" Dr Dickson, although he believes

its pathology to be obscure and illdefined, yet he regards it as "a peculiar form of phrenitis modified, ^{at} by the morbid condition of other organs with which it is universally connected." Dr Wood regards it as "a disorder of the cerebral functions, immediately depending upon the diminution of the degree of excitation necessary for the brain in its ordinary action." Dr Watson regards it as a nervous irritation, dependent upon "certain changes in the bloodvessels," or he rather hints at this, as producing the nervous irritation, ^{which} in its turn will lead to changes in the bloodvessels. Watson further says that deviation from the natural and healthy

state of the nervous system are sometimes the cause and sometimes the consequence of the disturbance in the sanguiferous system.

Which of these theories is the unexperienced student to adopt since those men of experience have differed so in their views of the nature of mania-a-potu. They all invariably use the same remedy, whether the indications be the same with them or not, one uses it for its somniferous effect.

Wood's theory appears to me to be the most plausible, as sedative stimulants are the only reliance in this disease.

Diagnosis It appears to be a harder task to write the

diagnostic marks of this disease, than to make it from the history of the patient. We as a general rule can ^{by} inquiry ascertain that the patient has been an accustomed drinker, which at once should arouse our suspicion. The pulse is softer in mania a-potu than in cerebral meningitis. The countenance is expressive of fear; the muscles tremble and also the tongue when protruded. True mania comes on slower than mania a-potu; this latter may be distinguished from drunkenness by the lattering step.

The delirium of mania a-potu is not violent or angry like that of mania or of meningitis.

but as Watson terms it, "a busy delirium."

The prognosis of simple and uncomplicated mania-a-potu is generally favorable. The chief danger to which the patient is subjected to is debility from the exhaustion of muscular exertion; and if this is watched and guarded against there is but little danger to be apprehended. The signs of an unfavorable attack of mania-a-potu is obstinate wakefulness, which always threatens, convulsions, or coma; it is also very unfavorable for the pulse to change in frequency while the mental faculties continue disturbed. Very few patients die

with the first attack, those who participate in the debauching influence of alcoholic drinks and frequently debilitate their system, so that each successive attack becomes more dangerous.

yet some persons recover from a great many attacks and at last die of some organic derangement brought on by intemperance.

Treatment—according to the pathology of mania-a-potu it requires a particular treatment. First to stimulate the encephalon to its accustomed habits ~~and~~ after the brain has been reinstated to its normal function on the artificial support, it must be

gradually suspended and the organs brought safely back to a dependence on the ordinary healthy stimulation of the blood. In very near all uncomplicated cases of mania-a-potu, this object can be attained when the patient has failed to receive any attention for so long that the system has sunk to the lowest point of imperceptibility.

In order to attain the object in view the main point is to find an artificial remedy by which this object can be attained. It seems reasonable as the cause of this disease was the suspension of ardent spirits, that the patient

is to be cured by a restoration of the stimulant and writers have thought there is no easier or more certain method than this of eradicating the delirium and restoring the patient to his healthy state. But it seems that nature has provided a way for man to be brought from his degraded condition without a resort to his accustomed stimulations. In the majority of patients, if left to themselves the disease will subside and the patient though feeble is left in a sane condition and is capable of reflecting over his past history and of securing to himself every possible means

of self control for the future.
Is a man who professes to understand the science of medicine to step in and obviate the kind provision of nature by giving to his patient the poison which brought him to this degraded condition! It is therefore important to find some other stimuli that will support the nervous prostration during the continuance of the disease and somewhat abate the longing of the patient during his restoration to consciousness, which may be suspended when it ceases to be essential. It seems that nature has provided a remedy for man in this disease, and happily such a remedy is

found in opium or some of its salts.

This remedy gives a gentle support to the encephalon, calms the nervous system and favors a gradual return of the somniferous powers. Much has been said of the injurious effects of opium upon the encephalon, of its producing inflammation, convulsions and congestion, with a proper selection of cases there is but little danger to be apprehended.

The object is not to induce sleep at ^{the} hazard of the patient's life, neither is it our object to pour in the poison and thereby depress the brain so as to produce coma.

It is sufficient to keep the patient under the influence of the remedy and this will prevent

his nervous powers from falling and
patiently wait for the disease to give
way in its ordinary course and the
soporiferous powers to return. When
this disease is suffered to continue
without any resistance the nervous
powers give way to a considerable
extent, and the whole system becomes
so debilitated that the opiate treatment
alone will not answer, and there is
great danger of fatal syncope unless
the patient receives further support.
When this is the case, agreeable to the
different authors that I have examined,
there must be some of the patients
accustomed stimulus given with
the opium, in order to support the
system, and as soon as the system
can resist the disease, it should be

cautiously withdrawn. Opium is unquestionable the best remedy in mania-a-potus, and it is applicable to all cases except those which have run into phrenitis of an ordinary character. In examining different authors as to what form the narcotic should be administered, I prefer the tincture of opium, and ~~2~~ ^{and} the solid may lie in the stomach inert until the time when its effect may be injurious. Venesection, has been recommended by some authors, but it is considered by the most of those whom I have reviewed to be inapplicable in all cases except those which run into phrenitis; when this disease is confirmed the lancet should be used freely, cups, and

leeches applied to the temples, and back of the neck besides which the head should be shaved. This condition is marked by fullness, hardness, and comparative slowness of pulse, and the cessation of Trembling of the limbs and Tongue. When the system becomes weak, the pulse feeble, and the skin cool, the patient should be allowed some small ale, porter, or wine, and should the debility be alarming recourse should be had to brandy, but this should be given only so long as to obviate fatal prostration. If great excitement be present, to obviate tremors when excessive, and a tendency to convulsions, a nervous stimulant should be added to some drug

such as a pafatida or the compound spirits of sulphuric ether. Should the excitement be of an alarming character, there may be a good result from the internal use of chloroform, but the remedy should not be pushed so far as to produce prostration. In a case of traumatic delirium, if the medicine cannot be administered per os, it should be administered per anum. And in simple mania-a-potu, if the stomach will not tolerate the medicine it may ^{be} administered by enemata. It is necessary that the bowels should be attended to and kept regular. As to the confinement of the patient it is of great importance, he should be kept under

perfect control, by his attendant, or what is said to be the best by some theorist, he should be kept in solitary confinement. As to the diet of the patient, it should be regulated agreeable to the circumstances of the case; in the early stage of the disease when there is any inflammatory excitement at all, it should be chiefly farinaceous substances, but ordinarily, the patient may use milk, and lighter kinds of animal food. And if great debility should be present; broth, animal speres, and eggs, milk punch &c. His mind must not be disturbed with the management of business affairs. Tonics may be of some advantage

but all stimulating beverages must
be withdrawn from him

Prophylaxis of mania-a-potu.

This still remains in obscurity to
the greatest extent. This is a field
open to new investigators.

The discovery of a prophylactic
of mania-a-potu would add to the
discoverer a chaplet that would
point to him as a ~~not~~ another Senner.

Tartar emetic has been given
with his accustomed drink until
it produced vomiting, but not
often meeting the expectations of
the physician. Sulphuric acid is
said when mingled with his
accustomed drink to be advantageous.

January ^{24th} 1857

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