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*DELIRIUM.*

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Delirium is a subject the knowledge of which seems to be taken for granted by most writers, whether on general medicine or nervous diseases. Its occurrence is mentioned in connection with the various diseases with which it is associated, but there is, so far as I have noticed, in my reading, little effort to give an accurate description of the condition, or to differentiate it from other forms of mental derangement, except as regards its etiology. When any attempt is made to define it, the writer generally contents himself with saying, more or less elaborately, that it is the same thing as insanity, except that in the former case, the disease of which the mental disturbance is symptomatic is known, and in the latter is unknown. Gowers, for instance (*Diseases of the Nervous System*, p. 536), after mentioning the presence of delusions, hallucinations and illusions, says: "The condition of delirium is essentially the same as that which constitutes insanity, but the term 'delirium' is usually confined to the acute mental derangement that occurs as a consequence of organic brain disease, of pyrexia, of toxæmic conditions or of inanition. In these conditions the disease of which it is a symptom is also recognizable. The similar mental condition which occurs apart from these conditions, and which constitutes the sole evidence of disease is regarded as 'insanity.'" After making the distinction between quiet and active delirium, he goes on to say: "Although the general elements of delirium are identical with those of the mental derangement termed insanity, yet certain common features of insanity are rarely seen in delirium. Such are the emotional depression of melancholia, the exaggeration of idea which characterizes some cases of general paralysis of the insane, the outrageous delusions of personal identity met with in the latter, and in some cases of chronic insanity; and, lastly, the rhetorical loquacity of acute mania is, to say the least, extremely rare in symptomatic delirium."

It is hardly proper to speak of "the mental derangement which constitutes insanity," as if there were but one. A great many different mental derangements occur in insanity, a number of which, it will be noticed, the writer goes on to mention. Neither is it



correct to say that the mental condition "constitutes the sole evidence of disease" in all forms of insanity. This is very far from being the case in general paralysis—the delusions of which he expressly differentiates from delirium, in epilepsy, and in acute delirium, to mention no others.

It is probably true that, so far as symptomatic delirium is concerned, an accurate definition is not of the first importance. Even the beginner in medical practice, meeting with evidence of disordered mental action in a case of typhoid fever or pneumonia would be likely to guess that he had to do with delirium. Still, it may not be amiss to inquire what mental derangements are characteristic of symptomatic delirium, and under what conditions similar disturbances occur in what is ordinarily recognized as "insanity."

The symptoms can be most satisfactorily studied in cases in which the intellectual disorder comes on gradually. In such cases hallucinations or illusions of sight are apt to be the first thing noticed. Their character is often appreciated by the patient, who may take an interest in observing them, and discuss them with the persons about him. As the delirium progresses, he loses his sense of the nature of sensory disturbances, and ceases to appreciate his surroundings. Very often, however, he can be momentarily recalled to consciousness, and will then realize where he is, and answer questions correctly, but immediately relapse into his former condition. Later, the hallucinations, illusions and delusions may dominate the consciousness completely; the patient loses all sense of where he is, and fails to recognize his most intimate friends. He may lie quietly, paying no attention to what goes on about him, and muttering incoherently to himself, or, if his impressions are of a vivid character, may attempt to go away about his business, or assault those who are with him, under the idea that they are enemies, or leap out of the window to escape imaginary foes. The emotional tone depends upon the nature of the delusions and hallucinations; it may be cheerful or even hilarious, or anxious and troubled, even to the wildest terror and despair. In case of recovery, the recollection of what passed through the mind is apt to be imperfect and confused, and the time may be a complete blank to the memory. Sometimes, however, the impressions are so vivid that it is difficult for the person who has felt them to realize that they were not actual occurrences.

In all these points the resemblance to the phenomena of dreams is very strong, and is doubtless more than a superficial one. In

sleep the higher faculties of the mind, reason and judgment are in abeyance; we are unable to compare fancies with facts, and to correct the ideas suggested by one sense by another. In fever the same results are brought about by the malnutrition of the brain. From the fact, however, that hallucinations often occur in delirium when the patient is able to appreciate their nature, it is evident that in addition to the enfeeblement of the judgment there is an unnatural activity of the portions of the brain concerned in the reception of sensory impressions. From the fact, occasionally noticed, that the hallucinations of dreams sometimes persist for a few moments after waking, it is probable that the same thing is true in dreaming.

What should be considered the essential and uniform features of delirium, and what its accidental symptoms? So far as my own observation extends, and so far as I have been able to learn from the statements of others, there are two classes of symptoms which are invariably present singly, or, more usually, in combination, in febrile delirium, namely, sensory disturbances—illusions and hallucinations—and mental bewilderment, with failure to rightly recognize surrounding persons and objects. The emotional condition may be pleasurable or painful; there may or may not be motor restlessness; there may or may not be delusions properly so called.

The same essential features are found in delirium from inanition, from poisons, and, very commonly, in the death agony. The character of the hallucinations often varies with the nature of the exciting cause. In delirium tremens they are too well known to require description; in intoxication from Indian hemp, there is exaggeration of the sense of space and time; in intoxication from the inhalation of ether, chloroform, nitrous oxide and the like, the character of the delirium is apt to be affected by the ideas which were uppermost in the patient's mind when he came under their influence. In starvation the sufferer revels in imaginary feasts; the dying man is apt to live over the scenes of his past life. In all, the patient dwells in a more or less completely imaginary world.

If the foregoing is a correct statement of the facts, delirium would seem to be a pretty well-defined mental condition, with characteristic symptoms. Let us now consider under what circumstances the same combination of symptoms is found in those forms of mental derangement commonly known as "insanity."

I.—*Mania*. In mania the characteristic symptom seems to me to be the weakening or loss of the inhibitory activities of the mind.

The patient is like a clock from which the pendulum weight has been removed; there is a rapid, unregulated discharge of nervous force through the most diverse channels. The restlessness, the loquacity, the impulses to violence and destruction, the loss of sense of propriety are all allied phenomena, and are alike due to the loss of control which our higher faculties exercise, normally, over the lower activities.

Although mania is, I think, the form of insanity which is commonly thought to have most in common with delirium, it is evident that in many cases there is little resemblance between the two conditions. Certainly no one would think of comparing the typhoid patient, lying with half-closed eyes, picking at the bedclothes, muttering incoherently and entirely oblivious of his surroundings, with such a case of mania as we often see, with every muscle tense and every sense on the alert, abounding in witty retort, or pouring out a torrent of apposite vituperation; yet the one is thoroughly delirious and the other thoroughly maniacal. In other words, we may have delirium without the restlessness characteristic of mania; and mania, even of a very high degree, without the sensory disturbances and mental confusion of delirium.

In a considerable proportion of cases of mania, however, hallucinations and failure to comprehend surroundings are present. Although, as a rule, there are cases in which there is a very considerable degree of excitement, still there is no uniform relation between the severity of the maniacal symptoms strictly speaking, and the degree of sensory disturbance and mental confusion, and it seems to me that delirium should be considered a complication rather than an intensification of mania. From my recollection of the patients who came under my observation at the Michigan Asylum for the Insane, it is my decided impression, though I am not now able to furnish statistical proof of it, that these symptoms are much less common in cases of recurrent or paroxysmal mania than in those in which the patients either recover permanently or pass into terminal dementia after a single attack. If the experience of others should confirm this impression, the existence of hallucinations and mental confusion would have some degree of diagnostic and prognostic significance.

II.—*Melancholia*. Although delusions are much more generally present in melancholia than in mania, hallucinations and mental confusion are far less frequent. Even in the cases in which the

patients seem, on superficial observation to have hallucinations of hearing, in the form of commands to kill themselves, to abstain from food, and the like, careful inquiry will usually make it appear that the voice seems to them an inward rather than outward one. In the *raptus melancholicus*, however, hallucinations seem to be very generally present, and there is a state of mental bewilderment very similar to what is seen in febrile delirium of a distressing nature.

III.—*Acute Delirium—Delirium Grave—Acute Delirious Mania.*

It is not necessary, for the purposes of this paper, to enter into any extended discussion of this disease. The analogy of the mental symptoms with those of delirium from other causes has impressed all who have recognized it as a distinct disease, and governed its nomenclature. The symptoms characteristic of delirium, hallucinations and illusions with mental bewilderment are here present in the highest degree.

IV.—*Epilepsy.* In the so-called psychical equivalent for convulsions, which, however, so far as my observation goes, are more frequently states of impaired consciousness following slight convulsions, and in epileptic frenzy, appreciation of surroundings is greatly impaired, and there is often evidence of hallucinations. This is the case in the "dreamy states" described by Jackson (1 Brain, Vol. III, p. 199). The analogy of these conditions with those already described seems to me evident.

V.—*Katatonía and Stuporous Insanity.* Whether the combination of symptoms described by Kahlbaum under the title of "Katatonía" should be considered distinct from other cases in which there is a cataleptoid condition without the active disturbances considered characteristic of that form of disease, I will not now discuss. In both states the conduct of the patients often gives evidence of hallucinations, and uniformly of a failure rightly to appreciate their environment, which, in my experience, is invariably confirmed by the statements of such patients as are able to give an account of their experience during the attack. The violent and impulsive outbreaks which often occur appear to be due to, or at least accompanied by hallucinations, usually of a terrifying character. In the lethargic condition the mental state seems analogous to nightmare.

*General Paresis.* In this disease there not infrequently occurs a condition of violent, aimless excitement, in which the patient is

in a state of complete bewilderment. He does not realize where he is, nor recognize the persons around him; his ideas of what he would accomplish are of the most vague and indefinite character, and he has no judgment in regard to the means of putting them into effect. It is probable that hallucinations are usually present in this condition, but they are seldom conspicuous.

The above are the principal forms of insanity in which I have observed symptoms such as are commonly understood when a patient is spoken of as "delirious." The term has, however, often been applied to conditions which seem to me dissimilar to maniacal excitement without mental confusion or sensory disturbance, and more especially to delusional states. Inasmuch as, when the term is used without qualification, it is applied to a pretty well-defined and constant group of symptoms, it seems to me that there would be a gain in clearness if, on the one hand, those cases in which these symptoms—hallucinations with bewilderment as to surroundings—were classed together as delirious, and, on the other hand, the term were limited to them. Apart from the fact that all are morbid mental states, delirium as above described is hardly more like the systematized delusions of paranoia, or the simple mental enfeeblement of many cases of dementia than it is like mental sanity. The term is a convenient one to characterize a pretty well-defined group of symptoms. When extended to cover the whole field of mental derangement, it is superfluous, if not misleading.







