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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 stimulant 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 exciting structures and this prevents it from concentrating its whole effect upon the cerebrum.

The recurrence of an injury or violent attack of some disease is apt to be the exciting cause of the delirium, by requiring the suspension of the thinking processes 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 consolidation.

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-morbidity 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 feeling of depression, and oppression in the
epigastric region, a total loss of appetite, accompanied not unfrequently
with nausea and vomiting. The tongue in the outset is moist, tremulous and soon becomes
thickly furry, accompanied with fetid breath. The bowels are in some cases unusually loose, with
bilious discharges like that of cholera morbosa; while in others
they are constipated. The skin is cool and moist, the pulse soft
and frequent, the eyes red, suffused and expressive; the whole countenance
is expressive of some abnormal
condition of nervous system.
He mutters incoherently, thinks
he sees something unusual in
his room such as phantasmos
holgoblink & 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 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 this side and then that
other, as if listening for the anticipated danger. Morbid vigilance is always present. This 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 character 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 habit of the brain in drunkenness. Its nature. There has been considerable diversity of opinions concerning the nature of this disease. Dr. Abercrombie speaks of it as "a dangerous modification of meningitis, which shows only increased vascularity." Dr. Bright also included it among his cases of "meningitis." Dr. Dickinson, although he believes
its pathology to be obscure and ill-defined, yet he regards it as a peculiar form of phrenitis modified 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 elimination 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 her 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 sanguiniferous 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 manik-a-pote? They all invariably use the same remedy whether the indications be the same with them or not, one uses it for its sanguiniferous 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, more from the history of the patient, the patient has been an accustomed drinker, which at once should arouse our suspicion. The pulse is softer in mania a-potum 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 potum. This latter may be distinguished from drunkenness by the staggering step. The delirium of mania a potum is not violent or angry like that of mania or of meningitis.
but as Watson turns it, "a busy delirium."

The prognosis of simple and uncomplicated mania-a-potum is generally favorable. The chief danger to which the patient is subjected 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-potum is obstinate wakefulness, which always threatens, communes, or comes; it is also very unfavorable for the pulse to change in frequency with 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 deplete 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 arrangement brought on by intemperance.

Treatment—according to the pathology of mania—a-pote it requires a particular treatment. First, to stimulate the encephalon to its accustomed habit and after the brain has been re-established 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 every near all uncomplicated cases of mania a potin, 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 impotence.

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 new fangled 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. As a man who professes to understand the science of medicine to step in and avert the dire 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 stimulus that will support the nervous prostration during the continuance of the disease and somewhat stave off 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 power. 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 hazard of the patient's life, neither is it our object to pour in the poison and thereby depred the brain sods to produce coma.

It is efficient to keep the patient under the influence of the remedy and this will prevent...
his nervous powers from failing and patiently wait for the disease to give way in its ordinary course and the menipherous 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 usual 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 patient 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 unquestionably the best remedy in mania a poter, 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 liniment of opium, and so, 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 laudanum should be used freely, cup and
Leeches applied to the temples and back of the neck beside 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 some 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 excursive, and a tendency to convulsions, a nervous stimulant should be added to some drug.
such as apalastic 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 poter, 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 imp-
portance, he should be kept uner...
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 parinaceaous substances, but ordinarily, the patient may use milk, and lighter kinds of animal food. And if great debility should be present, broth, animal essence, and eggs, milk punch &c. This 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.

Pho[m]b[a]li[a]c of mania a-potin.

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-potin would add to the discoverer a chaplet that would spring to him as a mother's sonnet.

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.

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