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**THREE CASES OF PNEUMONIA FOLLOWED BY
MANIA.¹**

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CASE I.—In the spring of 1874 I was called to see a young man, twenty years of age, who had been ill for over a week with pneumonia.

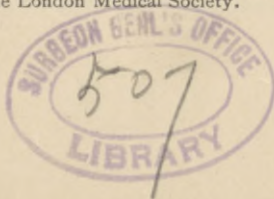
He was treated by a neighboring physician who reported favorably concerning the case from day to day, and finally about the seventh day pronounced him out of danger. About twenty-four hours later the physician was again summoned in great haste, and on his arrival he found that the patient after sleeping soundly awoke in a wild delirium. The physician ordered food and stimulants, but on his return in the evening there was no improvement. The next morning, the man being still wild and maniacal, I was called in and found that he was required to be held in bed.

On examination I found the patient with a fast pulse, cold and perspiring skin, pallid face, and lungs clear or nearly so.

I advised the treatment, which consisted of brandy and milk, with a mixture of ammonia and camphor, to be continued. The patient died during the night. The physician informed me that he had thought the case one of ordinary right-sided pneumonia, and he could not account for the sudden change and delirium after he had about given up the case as cured.

CASE II.—On February 14, 1880, I was called to see

¹ Read before the London Medical Society.



a young man of about sixteen years of age, who on the evening before, and about fifteen hours before I saw him, was taken with a chill. I found him with face flushed, perspiring, the pulse full and strong (120 per minute), and with a temperature of 105° . He complained of pain in the right side and his breathing was short and quick; rusty sputa, hacking cough, dulness of the lower lobe of the right lung and crepitation in the upper lobe were present. The left lung was normal or nearly so. I ordered a hot bran-poultice, which was on the chest, to be continued, and prescribed the following:

R.—Liq. ammon. acetat. ℥j.
 Spt. æther. nit. ℥iv.
 Tinct. aconit. gtt. x.
 Aquæ ad ℥vj.

Sig.—A teaspoonful every hour.

On February 15th the pulse was 110, the temperature 104° , the cough free, and the sputa considerably tinged with blood. There was no delirium, except for a few moments after waking from sleep. On February 16th, 17th, and 18th the case seemed to progress favorably. On the 19th the temperature was 102.5° , the patient was a good deal better, the expectoration was free, and the cough was nearly gone. I changed the medicine and gave:

R.—Ammonii carb. gr. ij.
 Ext. scillæ et senegæ gtt. j.
 Syr. simplicis ℥j.

every three hours. I felt well pleased with the progress the case was making, and the family did also; all agreed that the patient was getting on better than a brother did whom I treated for the same disease a year previously. On February 20th the temperature was normal, the appetite was returning, and the patient felt nearly well. I discontinued the poultice, and wrapped the chest in

cotton batting, with a bandage. I ordered the last mixture continued, with milk, beef-tea, etc. On February 21st I was summoned early in the morning and was told that the patient awoke from sleep, became delirious, and was wild most of the night, the nurse being unable to keep him in bed. I hurried to him and found him sitting up in bed and pulling the bedclothes. He appeared to be afraid of those about him; his face was pale, with a maniacal expression, his pulse was fast, he had no cough, his lung was nearly clear, his temperature sub-normal, his skin cold and bathed with perspiration. He appeared to recognize me when I spoke to him and quieted himself. I covered him well with blankets and ordered hot bottles in the bed; I gave spts. ammoniæ aromat., digitalis, and brandy, and left. I was again sent for in the evening, and on arrival I found him worse than in the morning, although his mother told me that at times during the day he was rational; the pulse was now weak and irregular. He was afraid and saw soldiers coming to take him away, and also had hallucinations of hearing. He fought, pleaded, and wept, till finally he threw himself across the bed exhausted, sobbed a few minutes, and then died, about thirty hours from the advent of the mania.

The loss of my patient caused me a great deal of worry. The family had unbounded confidence in my skill and ability, as well as in my honesty. The manner, however, in which I reported progress from day to day till the last, when it was apparent to all that there was no hope, caused the family and friends to censure me very much; some of them thought I must have known better, while others attributed my actions to ignorance. This case brought back to my mind the first case reported, when the other physician had to bear the blame and censure of the friends.

CASE III.—On April 10, 1890, I was called to see a farmer's son, fifteen years of age, whose mother informed

me that he had been sick for nearly a week; he was taken with a chill while working in the woods, and had had cough and fever since. This morning she noticed rusty-colored sputa and sent for me. I found the temperature 104.5° , the pulse 125, and respiration 60; the face was flushed and dusky, the tongue coated and moist; there was pain in the right side, with hacking cough, crepitation in the lung, from base to apex. The left lung was nearly normal.

I prescribed a mixture of liq. ammon. acetat., spts. æth. nitros., and aconite, to be given every hour, and ordered a linseed-poultice with mustard to the chest. On April 11th in the morning, the pulse and temperature were still about the same, the respiration 55, and perspiration was free. He did not rest well the night before, but complained of the pain. I left a powder containing quinin, gr. iij, Dover's powder, gr. v, to be given at night, and advised the other treatment to be continued. On April 12th the patient slept better, and did not have much pain, but was somewhat delirious; there was no change in temperature or pulse. The respiration was about 50. On April 13th and 14th the symptoms were about the same. On April 15th, when I entered the room, the sight of my patient sent chills over me, as the memory of the second case reported was brought to my mind. The expression of the face was exactly the same—it was pale and perspiring; the temperature was 94° , the pulse 60, and respiration 16. The patient was delirious during the night and the nurse had to hold him in bed. The delirium came on after waking from a "quiet and nice sleep," I was informed; he had rational intervals, but required to be held most of the time.

I prescribed the following :

R.—Tr. digitalis	jss.
Ammon. carb.	ʒij.
Spt. frumenti	ʒiv.

Sig.—ʒij to be given every hour.

I ordered hot water to his feet and that he be wrapped in warm blankets. On April 16th the temperature was 97.5°, pulse 70, mind rational, and appetite better. On April 17th the temperature was normal. I dismissed the case, which made a good recovery.

I never could satisfy myself as to the cause of the sudden maniacal delirium coming on after the fever was all gone. I read all the text-books on practice that I could get (some dozen or more) and I found in none of them anything that enlightened me on the cases. The only solution of the question I find is in works on insanity—for example, that of Griesinger, who gives an account of insanity following pneumonia and other febrile diseases. Blandford also reports cases and cites Weber on the subject in the *Medico-Chirurgical Transactions*, vol. xlviii. Dr. Clouston in his *Morisonian Lectures*, 1875, also gives particulars of ten cases of "post-febrile insanity."

The common features that strike one in these three cases are the youth of the patients, the appearance of the mania after a sound sleep, its short duration, and the fact that in all three the pneumonia was right-sided. They were all of neurotic families. The fatal termination of two of the cases by exhaustion would indicate the necessity of procuring sleep or rest at all hazards.

Were I to encounter a similar case, I should not hesitate to administer opium along with my former treatment.

