CORRESPONDENCE

DELIRIUM ACUTUM

The Hon. Editor.

Dear Sir,

The case report "Delirium Acutum" by Dr. Chew Peng Hong *et al.* [1] was very interesting. However, fever with disturbed sensorium, mental changes, involuntary movements, labile blood pressure and rigidity of limbs and body fitted in with encephalitis. A "grossly normal" CSF studies was not sufficient to exclude viral encephalitis; more elaborate virological studies and other adjunctive tests were needed to exclude it. The fact that the patient improved after ECT did not convince me that the condition was not organic. It would be interesting to know if any neurological sequlae could be found on subsequent follow ups.

The reference quoted by the author, [2] was completely different. This was a 47 years old man who had been suffering from major psychiatric illness for 27 years. His attacks were characterised by episodes of psychotic agitation lasting few days alternating with bouts of catatonic stupor and fever lasting few more days. During the episodes of fever and stupor, serum calcium, serum creatine phosphokinase and inorganic phosphate were elevated and it was suggested that calcitonin might have beneficial effect in this condition.

Malignant Hyperpyrexia Syndrome is a different entity, and must of course be differentiated from Malignant Catatonia. It is a rare but potentially fatal complication to the use of halothane and succinylcholine in general anaesthesia. In vitro tests showed that muscles from susceptible people developed enhanced contracture when exposed to halothane, succinylcholine, caffeine and pottasium chloride. [3] Relatives of such patients had been shown to have dominantly inherited Muscular Dystrophy, myotonia congenita and congenital myopathic disease eg. Central Core Disease. [4,5]

Yours sincerely,

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REFERENCES

[1] Chew P H, Leong L C and Yao S K. Delirium acutum. *Med. J. Malaysia*. 1982, 37, 370-372.

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[3] Moulds F W. Denborough M A. Identification of Susceptibility to Malignant Hyperpyrexia. *BMJ*, 1974, 2, 245.

[4] King J P, Denborough M A, Zapf P W. Inheritance of Malignant Hyperpyrexia, *Lancet*, 1972, 1, 365-370.

[5] Denborough M A, Dennett X, Anderson R. McD. Central Core Disease and Malignant Hyperpyrexia. *BMJ*, 1973, 1, 272-273.

Dear Sir,

I agree with Dr. Jusoh that a viral encephalitis as the aetiology could not be absolutely ruled out without virological and related studies. These are not available in Sarawak and sadly on many occasions when specimens were sent for such study in other patients results were not forth coming usually as the consequence of loss of biological specimen en route to Kuala Lumpur, and so on. However, in spite of this, I would like to point out that in the patient we had with such severe neurological and constitutional disturbances over such a protracted period of presentation, it is most strange not to have any abnormality in the CSF at

all. Our repeated lumbar punctures were persistently normal. I would like to point out our diagnosis of the condition was not solely by exclusions of organic cause (which were done, nevertheless) but by the presence and recognition also of definite clinical features and signs of the disorder reported. We are quite convinced our diagnosis is correct particularly as is subsequently borne by the fact that

(a) The patient showed a dramatic and remarkable response to ECT;

(b) There was complete settling of all constitutional signs and neurological signs with this modality of psychiatric treatment; and

(c) The complete absence of any sequelae either mental or physical in subsequent follow ups. I am sure Dr. Jusoh would agree that with such severe manifestation as described in our patient, the absence of an abnormal CSF and the complete recovery without sequelae and especially the dramatic response to ECT would be more than suggestive that the diagnosis of Delirium Acutum was correct.

As regard virological studies, I also would like to point out to Dr. Jusoh the possibility that a negative study may not also be able to completely exclude a viral aetiology in cases of a clinically diagnosed viral encephalitis. This is, as Dr. Jusoh knows, possible since one usually only performs test for the common viruses attacking the central nervous system and it might be one's misfortune to come across a case due to an uncommon virus in which seriological test was not performed. To perform comprehensive and exhaustive virological study would be financially prohibitive and in most cases unnecessary.

With regard to the reference quoted by me on malignant hypopyrexia and referred to by Dr. Jusoh, I would like to clarify that in my article I had not suggested that the two conditions were identical. Malignant hyperpyrexia syndrome was referred by me solely to emphasize the existence of another clinical condition with possible similar clinical features and must be differentiated from the disorder we have described. To quote from the last sentence of my article "Delirium acutum must be considered as a cause of pyrexia of an unknown origin, and must be differentiated from the malignant hyperpyrexia syndrome."

Yours sincerely,

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BOOK REVIEW

A MEDICAL PRACTITIONER'S REACTION TO HIS PATIENT AS A THERAPEUTICAL AID

CLINICAL PSYCHIATRY IN PRIMARY CARE by Steven L. Dubovsky M D and Michael P, Weissberg M D XVIII + 291
Baltimore/London: Williams & Wilkins, 1982, Second Edition

S. L. Dubovsky is an Associate Professor of Psychiatry at the University of Colorado School of Medicine. He consults extensively to physicians in all specialities and sees patients with medical and psychiatric problems in his own practice.

M. P. Weissberg is an Associate Professor of Psychiatry and Director of Clinical Affairs for the Department of Psychiatry of the University of Colorado School of Medicine. He is involved in the undergraduate, postgraduate and continuing education of physicians in many specialities and health professionals in many disciplines both within Colorado and throughout the United States.

Additional contributions were made by S.L. Dilts, Ph.D., M.D., Associate Professor and Associate Director of Psychiatric Services at Denver General Hospital where he supervises the treatment of alcoholic and drug abusing patients, D. A. Hoffman, M.D. who teaches in the Sexual Dysfunction Clinic in the Department of Psychiatry and Ruth Fuller, M. D. who is the Director of the Day Treatment Unit in the Department and a practising psychoanalyst with extensive experience treating families and couples in the public and private sectors.

In contemporary medical practice in America, a number of books for the medical practitioners have