

excitable and hurried. He had slept for about half an hour. We now prescribed Morphine Hydrochloratis, gr. j.; Sp. Ammonie Aromat. ʒj. ex Mixture Camphore, ʒiiss. 3tiis horis.

At our early visit the following day he was sound asleep. We were told that he remained awake until three a.m., when the second dose of morphia was given him, and soon afterwards he fell into a sound slumber. From this he did not awake until half-past one p.m., when he took some nourishment, and again fell into a calm sleep. We now left the case to nature, and discontinued all remedies. He had an excellent night's rest the following night, and awoke the next morning perfectly conscious, and calm and collected in his manner. He then told us what his feelings had been previous to his getting sleep. It appeared to him as though he had been in a dream from the first day of my visit till the hour when he awoke from the refreshing sleep which followed the second bath. He remembered nothing of what had happened, but felt that he now for the first time was himself again. From this time he continued to improve; he soon regained his strength, lost all his fanciful ideas, and after a fortnight's change of air resumed his usual business. At the latter part of his illness the urine was loaded with the lithates, and symptoms of gout showed themselves in the great toe, only, however, continuing twenty-four hours.

Such is an epitome of the case, the particulars of which have not been minutely described, as they would have occupied more space than the limits of your columns could afford them. The remainder of this paper will be devoted to the consideration of the subject in general in connection with the facts above detailed.

Now, it usually happens in delirium tremens, that if we cancel our patient a few hours of sleep, he rapidly gets well; in fact, we consider our end attained when this result has followed our treatment. From the above history, however, it will appear that the reverse was the case, for when we were congratulating ourselves that our patient was recovering, from the circumstance of his having had many hours refreshing sleep, both by day and night, for two consecutive days, then it was that the most marked and obstinate symptoms made their appearance. Instead of being better, he became worse than he had been at all. It is impossible to account for this, as every precaution was taken to keep him from anything which might excite him. It was on awaking from a sleep of two hours' duration that he first evinced the decided symptoms of what are very appropriately termed the "horrors," which were never more vividly depicted on any countenance. Twice after this he got continuous sleep for five hours, and though for a time he seemed better, yet the improvement was only temporary: for eleven days did the disease hold out against all remedies, and hid defiance to all treatment. Our only encouragement was the indication we received from the pulse that the vital powers of the system were not yet exhausted, and the fact, too, that our patient, during all his illness, never refused his food or medicine. The tremor of the hands was not constant, nor did it manifest itself until a late period. The busy manner, the look of apprehension, the constant reference to, and anxiety about his usual avocations, the peculiar illusions, the acute condition of every sense, were very characteristic throughout the progress of the case.

We must now offer a few remarks on perhaps the most important point connected with this subject, namely, the treatment of delirium tremens; and though we may have certain general rules to guide us, yet we are not to conclude that all cases are to be treated alike.

And first, as to the question of the abstraction of blood. None, perhaps, will question that general bleeding is to be deprecated under any circumstances, but as to the local abstraction of blood there may be cases where its use is indicated. Great caution is necessarily required in distinguishing where this remedy may or may not be safely used, and the following rules may serve what guide us. If the patient under treatment be plethoric and of sanguine temperament, and complains of pain in the head, if there be much injection of the vessels of the conjunctivæ, if the countenance be suffused, and the head hot, and supposing the pulse does not exceed 90, and is of good strength, then a few leeches, or cupping-glasses applied to the temples, or behind the ears, may be productive of good. But under no circumstances are they to be used if the countenance be exsanguine, the pulse greatly accelerated, or if there be much tremor with profuse per-

spiration, and a determination on the part of the patient to refuse his medicine and food.

Secondly, with regard to opiates. Now, though this class of remedies are our sheet-anchor by which we trust, in cases of delirium tremens, to weather the storm, yet in their administration they require a careful attention to the symptoms and stage of the disease in order that they may not be productive of mischief. How are they to be given? at what time? and in what quantity? are three important questions in connection with their use. Of the several preparations of opium, none perhaps acts more speedily or more certainly than the Tinctura Opii of our Pharmacopœia: but supposing, after having given it a fair trial for forty-eight hours, our desired end is not attained, we must have recourse to some other preparation. Time, in all these cases, is of great value, for if we are not gaining ground we are losing it fast. The Liq. Opii. Sed. or the salts of morphia, if we can depend on the good quality of the latter, may be tried; and this leads us to say a few words on the quantity to be prescribed, and the time of their administration.

Large doses are to be given at the early stage of the disorder, so that if possible sleep may be procured without loss of time; but if, after a fair trial of opiates in their various forms, sleep does not follow, and, as it sometimes happens, the system, from want of rest, indicates symptoms of exhaustion, the pulse, for example, becoming 120, the countenance haggard and worn, with increased tremor of the muscular system, and profuse perspiration, then I would suspend them for a time, and for this reason, lest by their continued exhibition they should be productive of evil instead of good, in suddenly exercising their accumulative power on a system greatly weakened, and thereby unable to rally when depressed by their influence. Death may thus result from the remedy, and not from the disease. That this occasionally happens when opiates are largely given at the latter stages of delirium tremens, I cannot but believe, and having been particularly impressed with this fact in the sudden termination of one or two cases where this practice was adopted, I have thence drawn what I cannot but think is a wholesome caution on this point. In all cases of delirium tremens it becomes a subject of encouragement to us if the patient can be persuaded to take his food, for we are thereby able, to a certain extent, to supply the waste which the exhausting nature of the disorder produces in the economy, and thus sustain its vital powers. Under these circumstances opiates may be continued with safety; but, on the other hand, if we have given them largely, and no benefit has resulted from them, but we perceive that the strength of our patient is rapidly failing, as is often the case in this disease, then it is better, for a time at least, to turn our attention from this to some other remedy, and endeavour, if we can, to restore the failing powers; for it is better that a case should terminate of itself fatally, than that its end should be hastened, if not actually occasioned, by the remedies that may be administered.

With regard to stimulants, it is usual to select that which the individual has been accustomed to indulge in when in health, but it is very questionable whether their exhibition is indicated in all cases. Supposing the pulse continues firm, and there is no other sign of failing strength, they may be dispensed with altogether, and, in their stead, may be administered some form of tonic, as, for example, ʒij. of Comp. Tinct. of Gentian, in a bitter infusion, every three or four hours, a small quantity of laudanum being added to each dose; at the same time, nourishing diet is to be given, and attention paid to the state of the bowels; which are often confined. To relieve them, warm cathartics may be ordered in small doses, or a stimulating enema.

During the progress of delirium tremens it often happens that the patient becomes very restless, is anxious to go about his work, imagines that he hears voices summoning him to his post of duty, and cannot be persuaded to remain in bed. Under these circumstances how is he to be restrained? There are some who see no harm in his being permitted to follow his inclination to a certain extent, and they therefore would not object to his getting up and walking about his room, thinking that thus sleep may be induced. This, however, does not accord with my views, as, in my opinion, excitement and irritability, both of mind and body, would be thereby increased, rather than allayed. Instead of this, the room should be darkened, and we should first try what we can do by persuasion to keep our patient in bed; but if, in defiance of all our entreaties, he becomes more and more excited and self-willed,