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ART. XIII.—*Clinical Contributions.* Case of Delirium Tremens from
the Use of Opium. By JAMES CRAWFORD, M.D., Professor of Cli-
nical Medicine, McGill College.

It may be necessary to offer some apology or explanation for applying
the above designation to the following case, but I nevertheless conceive
that it legitimately comes under the widely extended, although rarely
appropriate term delirium tremens, as generally applied. The inappro-
priateness of any of the various terms, which are used to designate this
peculiar form of delirium, must be admitted, and cases like the present
cannot with propriety be either termed delirium tremens, delirium cum
tremore, delirium ebriosorum, mania a potu, or any of the various syno-
nymes which have been used to distinguish it, derived as they have
been either from its most frequent cause, or from one of its most promi-
nent symptoms. It is admitted that this peculiar form may originate
from various other very different causes than the abuse of spirituous or
fermented liquors, and therefore it cannot with propriety bear the ge-
neric term of " ebriosorum" or " a potu," and such like, and as it is by
no means universally accompanied by tremor, even when induced by a
debauch, this term is by no means, therefore, characteristic of the dis-
ease. It cannot be doubted, too, among other causes, that the most
highly lauded remedy we possess, our very sheet anchor in the treat-
ment of delirium tremens, opium, may (secundam Hahnemann) be the
direct and obvious cause of the disease, other narcotics in like manner,
as well as various depressing excesses, or serious injuries, are acknow-
ledged as causes, and show the inappropriateness of the term. In the
latter case, to obviate the difficulty, the word traumaticum is substituted.
If the disease were not already overburthened by its numerous appellations
and that custom has established the term, I would prefer selecting the
discriminating term from a symptom, which I think will be found more