

must give it under all circumstances of derangement of other functions. Of the quantity required, it is quite impossible to lay down any rule. No two cases will have exactly the same amount of depression of circulating energy; no two cases will require precisely the same amount of wine. In some cases, four to six ounces are enough for a few days, in continuance, to restore the circulation to sufficient tone, in other cases it requires as much as one ounce of wine every hour, or 24 ounces in 24 hours; and even in addition to this, as much as eight ounces of brandy; and all this barely sufficient to preserve the circulation from sinking.

We must never abandon a case of fever, as long as there is life; we must remember what the post mortem of the case of Rodmond tells us, that in its present form there is no structural disease; that the patient, even in the dying moment, is sinking from a mere lesion of function, and that even then, recovery is not hopeless; and we must recollect what clinical observation of several cases even now under our own observation in the hospital tells us, that the patient one day, in a state seemingly moribund, may on next day, or within twenty-four hours, be out of danger. It will not unfrequently happen, that even the power of swallowing is lost for several hours; that a small portion of brandy or wine can only be got down by raising the patient in bed, throwing spoonfuls of brandy into the pharynx, and then holding up the patient's head until it descends to the stomach, apparently almost by its gravity. Even thus it sometimes cannot be passed along to the stomach, but even then we can stimulate the circulating system by injections; and in some cases which you have seen, I am confident the preservation of life has been owing to ather, given in the form of injection every two hours, in quantities of two drachms, until under its stimulating effect the circulation gained some vigour, and the power of swallowing returned.

With the same object of stimulating the capillary circulation, blisters are applied in succession over the surface. The nurse is supplied with four or six small blisters; one after another is applied, with intervals of six hours between them, over chest, abdomen, thighs, and legs. They are thus applied, not as counter-irritants, not to act as derivatives on internal structural disease, but as stimulants to excite the capillary system. An action produced in any part of it, will be conveyed through the whole, and thus their action on the skin coincides with and assists the action of the internal stimulus of wine, ammonia, and brandy.—*Dublin Hospital Gazette.*

DELIRIUM TREMENS.

By Dr. CORRIGAN, Physician to the Whitworth and Hardwick Hospitals.

[In a clinical lecture delivered by Dr. Corrigan, some very valuable remarks are made on the different kinds of delirium tremens, and their treatment; in speaking of what is generally considered the asthenic form of this disease, he observes—]

A man comes under treatment, not after a few days' illness, but for a considerable time he has been subject in the morning to symptoms similar to those that follow the exhibition of large doses of opium, or of stimulants—symptoms, in fact, resembling collapse.

His stomach is sick in the morning, the skin is clammy, and he is unable to collect his mind for any purpose until the accustomed stimulus is renewed. In this way he continues for an uncertain period of time, till at length vomiting sets in; he can no longer drink, and now the state of collapse, or nervous irritation, such as precedes an attack of acute disease, comes on, and obliges the patient to seek advice. He cannot sleep; images of various kinds float

before the eyes; his stomach is sick; pulse quick and weak; skin cold and clammy—a set of symptoms constituting, as I have said, a state of collapse consequent on the cessation of long-continued stimulants. Your patient is altogether in a condition in which death may occur at any moment, so that the prognosis here is extremely uncertain.

In these cases it is necessary to give stimulants and opium; the opium, you are to remember, is given to allay irritation, and the stimulants in order to bear up the system. Cold douching and a variety of other remedies may be used; but upon them it is not necessary to dwell, as they are sufficiently noticed in every book you meet with. There is one particular symptom observed, usually I think about the second or third day, and one which is never absent; I allude to the tremulous motion of the fibres of the tongue, not of the whole body of the organ, but of a sort of independent motion of individual fibres here and there. The same thing is seen in the orbicular muscle of the mouth. These signs are sufficient to lead us to a knowledge of the previous history, though the patient himself should deny the circumstances. It often happens that the patient has received a wound in some way; for instance, thrusting his hand through a pane of glass. Now, if, while you are giving the opium, you watch the appearance of such a wound, and find that, instead of secreting the natural purulent discharges, the edges are reverted and red, with the surface dry, you may be assured your patient will not recover; for these indications, like those of the tongue, only being more certain, are evidences that the nutritive function is arrested, and life cannot long continue when that function is impaired to a great extent. Such, then, is a sketch of the more frequent form of the disease.

The next variety gets a similar name—delirium tremens—but we should carefully mark the distinctions between this and the first described variety, or a fatal mistake may be made. And here I should observe, that it is the fact of this erroneously describing under one name varieties in this disease, which has given rise to such a contrariety of opinions respecting the mode of treatment, &c., proper to be adopted in it. Dr. Lendrick, a man of great observation, first showed that the ordinary treatment, as opium and stimulants, would not do here, and that bleeding should be had recourse to. I believe, then, that two very different conditions of disease have been confounded under the same name; so you are not always to suppose, when you have got hold of a name, that you have, by any means, got hold of the disease.

The case I am now about to describe may be called sthenic delirium tremens. A man has been drinking for two, three, or four days, and is in a condition very different from the person who has been a long time accustomed to stimulants; there is in this man a state of irritation of the brain and nervous system only in a very trifling degree removed from actual phrenitis, and were you to give opium in such a case, it would act, not as a sedative, but as a continued stimulant, and you would thus be keeping up the diseased condition into which the patient had plunged himself. Remember, then, that this is a mild case, there being a certain amount of irritation, but a strong approach to positive inflammation. Gastritis is a common accompaniment of this form of delirium tremens, at least a state, like that of the brain, of approaching inflammation of the stomach, marked, as I have said, by some symptoms of nervous irritation, but nothing like the collapse of the former case. During the period of a general election, cases of the sthenic kind are frequently met with; for instance, a man of previous abstemious habits spends two or three successive nights drinking ardent spirits, and presents himself with the symptoms I have sketched for you.

In this, the sthenic form of the disease, then, do not give opium; apply leeches to the epigastrium, and to the head, as also cold lotions; these, with rest and small doses of mercury, are your chief remedies. When you have to