

by the bromide of potassium accompanied with stimulants, were at once cured by the same remedy *minus* the stimulants. One of the most remarkable of these cases was sent in by a medical man, who seemed to think the case a very serious one. He anxiously inquired if I thought it possible that the patient, should he survive, would be well enough to be removed at the end of a fortnight, as his passage to America was taken, and his friends were anxious to get him away. He smiled incredulously when I told him if he called back next day he would find his patient either well or asleep, and fit to be removed at the end of a week. The result was, however, as predicted, and my friend is now a firm believer in the air of No. 10, though still sceptical as to the virtue of the bromide of potassium. The dose of the bromide was, however, large—half a drachm or more; and required to be frequently administered—every hour,—and that often till so much as ten or more doses were given before it took effect. In such cases this frequent repetition of the dose was always irksome and often troublesome, and the recent introduction of the hydrate of chloral was therefore welcomed as a possibly useful substitute. The first case of delirium tremens submitted to it was one of a fortnight's duration and of maniacal ferocity. He had had the bromide of potassium at home, and was sent in because it was found impossible to manage him, and his case was looked upon as most dangerous. Two doses of hydrate of chloral, of thirty grains each, with an interval of an hour between each dose, sufficed to induce refreshing sleep, from which the raving maniac awoke a rational man, requiring no further special treatment. Similar success has attended the chloral treatment in all the cases of delirium tremens which have been admitted to Ward 10 of late. In several severely maniacal cases a dose of forty-five grains has been administered with a result equally gratifying and surprising. In a case of puerperal mania one such dose sufficed to restore reason to the patient, at least so far as quietness and docility were concerned, though it completely failed to make her believe that she had ever given birth to a child.

So far, therefore, as our present experience

is concerned, we seem to possess in hydrate of chloral a remedy which in all such cases, from the slightest to the most severe, acts rapidly, safely, and efficaciously—*cito, tuto, et jucunde*—and which seems to deprive indulgence in drink of all its horrors and nearly all its dangers. Unquestionably fatal cases must occasionally occur under this as well as under other modes of treatment, but the number of them must be much decreased, because, from the rapidity with which a cure is brought about, many dangerous risks are averted. Thus, we avoid all the risks arising from a long continuance of maniacal excitement, or from a suicidal state of mind, all risk from the exhaustion following persistent sleeplessness, or defective nutrition, the result of long-continued insufficiency of food, &c. The risks the patient actually runs are not now, as formerly, connected with the treatment, but with his previous state of health. Thus, if he has a fatty heart, or has been exhausted by long-continued debauchery, or if he is from any cause an epileptic, he may die suddenly during the attack. But if he is otherwise healthy, he is sure of a safe and speedy convalescence.

So much for the treatment of delirium tremens. The fallacy to which I promised to direct your attention is this—that delirium tremens does not arise from drinking, but from ceasing to drink. In regard to this matter I myself have no doubt, and my confidence is derived from two sources:—First, I have found that so long as you permit your patient to obtain drink just so long will his disease prove obstinate and intractable to treatment; while when you continue the treatment, *minus* the drink, the cure is rapidly obtained. Of this we have had many examples, and it is this which has gained Ward 10 its well-earned reputation. Secondly, by stopping a man in his drinking by means of an antimonial emetic, you may often save him from an impending attack of delirium tremens, but you will never bring on one. Having had repeated occasion to employ this treatment, I speak with perfect confidence as to its results.

P.S. (December, 1878.)—Ward 10, which used to be under the care of each of the infirmary physicians alternately for a period of