

strengthen the principles in which you have been trained to remember that arguments precisely similar to those made use of as to its efficacy in inflammation were formerly employed in favour of its use in delirium tremens—a disease which it only too often fatally cut short, yet one which is now-a-days rapidly and safely cured without it, though no one as yet has broached the theory that there is any change of type in this form of disease.

The treatment recommended by Mr. Jones, of Jersey, has never obtained any footing here. It consisted in administering half a fluid ounce of tincture of digitalis at once, and half of that dose, or two drachms, every two or three hours afterwards for twice or thrice. I have known many who preferred this treatment to that of opium; I myself believe it to be less dangerous, but though I know that half a fluid ounce of tincture of digitalis is not necessarily a fatal dose, I cannot help thinking it to be a dangerous one. It contains very nearly double the quantity of the drug which old Withering used to give, and the symptoms he often produced are not less likely to conduce to the safety of a patient suffering from delirium tremens.

The treatment by large doses of cayenne pepper, recommended by Dr. Kinnear—scruple boluses repeated every two or three hours—was also never adopted here; yet it was never dangerous in itself, and was often rapidly curative, as I myself have frequently had occasion to observe in private cases.

The expectant treatment, however, introduced by Dr. Ware, of Boston, was largely employed here, and gave rise to a free use of the dark and padded cells, which, I dare say, few of you have ever seen, and which are relics of a time when, as is but right, the treatment of lunacy was part of the daily duty of the physicians of the most complete and perfect teaching hospital of its day. Under this expectant method the patients undoubtedly recovered; but they were a good while about it, and during the process they ran many risks of various kinds—risks to themselves from their own violence, besides risks from constitutional exhaustion, from exposure to cold, and all that in such cases may flow from that, in-

cluding subsequent inflammatory attacks, &c. I have tried this system very freely, and can assure you that the various risks were not small, though, with careful watching the ultimate success was extremely gratifying.

Next followed the use of tartar emetic and ipecacuanha, as recommended by Dr. Preddie, of Edinburgh. I do not know that this treatment ever obtained any footing in this institution; it was less injurious than the opiate treatment, more dangerous except in skilful hands than the expectant treatment, and not more successful. But, on the other hand, it was most useful in cutting short a debauch, a full emetic of tartarised antimony seldom failing to put a speedy end to the most prolonged debauch, while, as it can be easily administered in the drink taken, it even yet may prove a most useful and efficient adjunct in the treatment of such cases.

Chloroform has also been employed in the treatment of delirium tremens, but it has proved unreliable, and too often dangerous.

The introduction of the bromide of potassium into medical practice, and its recognition as a safe and reliable nervine sedative, ushered in a new era in the treatment of delirium tremens. Instead of waiting and watching through a tedious convalescence, during which the patient ran various risks of death, from twelve to twenty-four hours' treatment was enough to induce a sufficient amount of refreshing sleep to restore the patient to a rational condition and speedy convalescence. From a pretty considerable experience of this treatment, I can say that it only failed in very exceptional conditions, and in some of these failures the cure was completed by the subcutaneous injection of morphia; while the few cases in which death occurred were in patients exhausted by primary disease or maltreatment, or affected by severe epileptic convulsions—a form of disease usually amenable to the bromide of potassium, but which, as a precursor of delirium tremens, too often proved intractable and fatal. Only in the very rarest cases was it found necessary to conjoin this treatment with the administration of stimulants, and these cases were always tedious and most unsatisfactory. On the other hand, several cases treated outside, ineffectually,