

which indeed is a characteristic of this form, ensues, and plunges the sufferer into the most gloomy state of mind, accompanied by indifference as to his personal comfort, or urging him forcibly to self-destruction, or to the murder of others—a fixed position of the body is a very common attendant. Dr. Rush saw a patient who sat with his body bent forward for three years without moving, and another whose torpor of the nervous system was such, that a degree of cold so intense as to produce inflammation or gangrene upon the face and limbs, did not move him from the stand he had taken in the open air.

“The pulse is extremely vacillating, and generally is slow and feeble; yet, with all this, has a labouring feel, not accompanied with a bold throb, but as though difficulty attended every exertion. A sort of ticking movement is sometimes observed, which is often intermitting, and from 100 to 130 strokes in a minute.

“The skin is dry and burning, while the extremities are cold, and bathed in a clammy sweat. With these, transient purple-coloured flushing of the face are sometimes an attendant. The tongue is usually of a brownish yellow colour, furred and has intensely purple red edges. Constipation is common—diarrhœa announces a salutary change. The urine is pale, thin, and cloudless, unless morbidly retained. The thirst is usually great and a peculiar odour is perceptible from their bodies. The sleep is disturbed. They act and even reason rightly on all other subjects but that which characterizes the delirium. An exasperation takes place sometimes every day or every second day, particularly when in an horizontal position.

“*Dementia* is often the consequence of mania or melancholy and is somewhat allied to that decrepitude of mind, which frequently appears in old age. The patients are usually calm and quiet, enjoy a good appetite, and are apt to become slow.