

same manner, a grass green matter exactly agreeing with the description of the chopped spinage discharges that were found in the typhoid fevers following attacks of cholera in this country.

This seems to be the place to notice that peculiar combination of the symptoms of malarious fevers with those of delirium tremens, and its effect in depressing the powers of life, which is so apparent. The class of symptoms to which the term delirium tremens is applied has so long been looked on as the effect of cerebral irritation requiring for its alleviation and cure the most powerful stimuli, that it would seem heterodox to question the proposition or to suggest a different mode of treatment. In 1830, when in China, I met with a decided case of malarious fever, combined at its very commencement with the symptoms of delirium tremens. It was with the utmost anxiety that I had recourse to the usual course of calomel and purgatives, and with a trembling hand that I dared to take ℞ of blood. The effects of these were salutary rather than otherwise; but I suspended such unusual proceedings and had recourse to stimuli, though the stools were all along black, tarry, and offensive. After a severe attack my patient recovered, but the impression was left on my mind that the state of the secretions was a prominent cause of the peculiar affection, which was ultimately strengthened by the fact that I could always suppress the slightest tendency of the symptoms of the delirium to return by the free use of calomel purges, and which the state of the bowels at the time generally required; and that two years after the patient again got the fever at the same place, it was accompanied by precisely the same symptoms, and carried him off by inflammation of the brain.

In Canada I soon found cases of delirium tremens accompanied by the most decided symptoms of bilious derangement, with paroxysms of intermittent and remittent fevers, and exhibiting a set of symptoms scarcely to be met with in the usual descriptions of the disease, in the treatment of which I have every year departed more and more from the recognized routine, and had recourse to calomel, purgatives, and blood-letting.

The following extract that I lately met with in Rankin's Half-yearly Abstract of the Medical Sciences, for 1848, was to me exceedingly gratifying, tending as it does to support my own deductions and the unusual mode of practice I was following; and it cannot be without its value to the profession that individuals so wide apart should be observing with such different objects in view,—Mr. Corfe's being to determine the cause of delirium tremens under ordinary circumstances; and mine, without questioning the recognized course of the affection, being merely directed to a peculiar modification of malarious fevers occurring in hard drinkers, and those subject to attacks of delirium tremens, and in which the two diseases might be combined; and that the practice resulting therefrom is not only safe but successful.

Mr. Corfe states:—"It should be observed that every case of threatening delirium tremens is preceded by more or less biliary derangement; and, as these men rarely enjoy active or healthy secretions from their alimentary canal, it does appear, from the observations of a large number of cases in this hospital the disease is purely hepatic in its origin. This opinion is entertained by Dr. Seth Thompson, who has most successfully treated some of the worst cases of this disorder with large and repeated doses of calomel, followed by brisk ca-