ulceration,—to local inflammatory action,—to congestion,—and would differ little, but in strength or rapidity, from any other cause, such as dissipation, intemperance, or depraved habits, which also exhaust the system, and give rise to effects similar, but generally less in degree, than does this powerful medicine.

I have now brought these imperfect observations to a close, and shall make no apology for them beyond this, that it is probable, had it not been for the kind invitation of your Society, and for the favourable reception it was pleased to give me on a former occasion, that they would have remained the inmates of my own thoughts, as I should not have dared to give them to the medical world, unless years of experience had proved the frequency and the truth of the facts.

CASE OF DELIRIUM, SUCCESSFULLY TREATED WITH SEDATIVES.

By E. COPEMAN, M.D., Coltishall.

On the 14th of May I was requested to visit Mr. —, a farmer, between 50 and 60 years of age. This patient is short in stature, rather corpulent, head round and large, neck short and thick, eyes prominent. He has several times in his life been the subject of severe head-affection, for which he has been treated by copious and frequent bleedings, and other antiphlogistic remedies; and once he was also freely salivated. On one occasion he did not regain his mental powers for several weeks after he had quite recovered his bodily health. In December, 1842, I attended him during nearly three months for an inflammatory affection of the kidney, accompanied with severe constitutional disturbance and anomalous symptoms about the head. From this illness he completely recovered, and was bled at the onset of the disease. In July, 1846, on returning from a fair late at night in a state of intoxication, he was thrown out of his gig, and received a severe blow on the head and left shoulder. I saw him next morning; he was a good deal bruised, and suffering from concussion of the brain. During the treatment he was twice bled, and after a severe and threatening illness, he recovered in five or six weeks. He drinks "small beer" rather freely when at home, but is in other respects temperate; when at market, or in company, he is liable to be thrown off his guard, and once excited is almost sure to go on to intoxication. This effect is produced without taking much in quantity, and the kind of stimulus he takes upon such occasions is generally porter, or spirits and water. He is of a quick, irritable temper, and occasionally apt to despond. He is also a great snuff-taker. Two or three days before I was summoned to him he had "taken too much," and afterwards complained of slight confusion of thought and restlessness of temper, for which he had a great desire to be bled; from former experience he placed great reliance upon bleeding, and he particularly requested me to perform the operation. I noticed that he was not so stout as before his accident last

year; but as his pulse was good, his face flushed, and his eyes injected, I yielded to his entreaties, and drew about ten ounces of blood. He complained of a fixed pain in the right temple, extending over the space of half a crown. His tongue was white, his breath offensive, and his bowels confined. Perspiration neither profuse nor deficient. Ordered a dose of blue pill and rhubarb, followed by senna draughts.

Next day, 15th, he said he was no better, and hinted at being bled again, but I saw no indication for it, and declined. Purgative medicines continued.

16th. To-day I found him more hurried and confused in his mind; he was in bed; had had no sleep; very little perspiration; head very hot, and feet generally cold. At one time in the morning he had something of a convulsive fit, his features having been contorted, and his limbs agitated; the pain in the head continued, but still circumscribed to the same spot; his pulse was quicker, about 80, and his countenance was flushed; his bowels had acted twice; the first evacuation was very pale, the second more coloured. Continued the purgatives, gave a fever mixture, and applied hot flannels to the feet, and cold water to the head.

17th. No sleep during the night; delirium increased, but he is not violent unless opposed; still pain in the head, but pulse not so rapid, nor so much fever as yesterday; no tremor; bowels acted once, motion darker coloured; tongue a little cleaner; attempts to answer my questions, but after beginning to do so, and showing that he understands them, he leaves off abruptly, and can no longer collect his thoughts. Empl. Lyttæ nuchæ. Calomel, gr. v.; Pil. Opii, gr. j. hora somni sumend. Contin. Mist. Sennæ.

18th. Again no sleep; face flushed; pulse 70; delirium same as yesterday; tongue less furred; bowels sluggish. Aperient draught, with Tinct. Hyos., dr. ss., every four hours. Calomel and opium again at night.

19th. Bowels relieved, and motions dark; scarcely any sleep; is very restless, talking incessantly in a very incoherent and indecent manner; although there is no tremor, his delirium to-day is characteristic of delirium tremens, and the febrile symptoms have diminished; digestive organs improved, the liver acting well, and the tongue being cleaner. The following mixture to be taken at intervals in the course of twenty-four hours:—

R. Solut. Morph. Acet., dr. ij.; Sp. Lavend. Comp., m. xx.; Mist. Camph., oz. vj. M.

20th. Face less flushed; feet warm; more perspiration; pulse 170; tongue cleaner; but he has had very little sleep; his delirium continues, and he has been occupied with making his bed, and walking round it repeatedly this morning. The mixture to be taken more frequently.

21st. Delirium not so constant; his conversation less immodest; answers questions pretty well, and always knows me. He told me to day that he had fears of poison, and asked me to analyse a piece of cake, some of which he had eaten, although almost directly afterwards he said I might eat it if I liked. He sent his wife out of the room to tell me this by myself, and enjoined me to secrecy. Quantity of solution of morphia increased to dr. iiss. in the mixture; senna

draughts repeated, and Pil. Sap. cum Opio, gr. v., given at night.

22nd. Slept two hours at a time twice last night, and is decidedly better; pulse 60; countenance natural; no tremor; less talking; no allusion to the poisoned cake to-day. Mixture continued, and the pill again at bed-time.

23rd. More sleep, and is better in all respects. Contin. Mist. Pil. et Haust. purgans.

24th. Slept nearly all night; found him dressed and walking about his house; looking pale, and feeling weak, but otherwise very much better; quite rational and free from pain; bowels open; took some meat yesterday for dinner and enjoyed it; has had no beer or other stimulus at present.

R. Sol. Morph. Acet. dr. ij.; Sp. Lavand. Co., m. xx.; Inf. Gent. Co., oz. vj. M. Capt. oz. j., ter die. Pill at night, *if restless*. To continue meat for dinner *if he have appetite for it*.

26th. When I called to-day, to my surprise he was gone about his farm with his gun, and I did not see him.

28th. Again found him out. He has slept well each night, and he has taken his medicine less frequently: His wife thinks him as well as usual, except that his temper is more irritable. He has continued well up to the present time.

Remarks.—There is still so much obscurity in the physiology and pathology of the nervous system, that there is scarcely any safe guide to the treatment of nervous diseases, save that which is derivable from experience; and it is therefore desirable that cases which are calculated to throw light upon this intricate subject should be carefully and faithfully recorded. Delirium tremens is one of the diseases about which great uncertainty prevails, and practitioners are at variance with regard to its proper treatment. Opium is generally considered the sheet anchor; but a celebrated American physician has recently denounced it as improper. It is not my intention to enter generally upon the subject of *delirium tremens*, which is without doubt very frequently a fatal disease; but only to shew that, however well understood when unmixed and genuine, it may make its appearance under circumstances of complication, which materially interfere with facility of diagnosis and certainty of treatment.

Mr. — had been accustomed, for years before I knew him, to be bled and cupped; sometimes on account of severe cerebral disorder, sometimes because he thought he required it. By my advice he has broken through the habit, and for several years has lost no blood except on the occasions referred to in the case. His last illness was very slight before he was bled; it very much increased afterwards, and assumed a character of inflammation which seemed to indicate the necessity for further loss of blood. The delirium, pain in the head, flushed face and suffused eyes, rapid pulse, and costive bowels, seemed to point out that his cerebral symptoms arose from inflammation, and the probability was increased by the super-vention of convulsions. The relief produced by copious blood-letting in his former attacks appeared to

afford a clue to the nature of the disease, and an indication of treatment in the present instance. But I noticed that in constitution he was retrograding; that his bulk was diminished within the last twelve months; that his attack came on gradually, after drinking, and that his symptoms were worse rather than better after the bleeding; that although there was delirium, and that severe and constant, it was not the violent raving of phrenitis; that although his head and upper parts were hot and flushed, his feet were generally cold; that although his pulse was rapid, it was not hard and wiry; that his constipation seemed to depend upon general derangement of the chylipoietic viscera; and although convulsions under such circumstances are generally supposed to indicate meningeal inflammation, I thought it possible they might arise here from deficient controlling power in the brain. There were undoubtedly *symptoms* of inflammation present; but they were not unequivocal; there were also probable appearances of delirium tremens, and I felt sure that if the latter predominated, and I treated the former with activity, I should be likely not only to render the signs of delirium tremens more determinate, but also to render further treatment unavailing. It was possible too, that much of the cerebral disturbance arose from disorder of the digestive organs, and it was at any rate safe and proper to put them in order.

This course was therefore taken; the bowels were emptied, a flow of bile produced, warmth excited in the extremities, cold applied to the head. The consequence was the disappearance of the symptoms which led to the apprehension of inflammation of the brain, leaving those of delirium tremens, though without tremor, so obvious, that further difficulty as to diagnosis was at an end. The rapid cure of these latter by opium is strikingly in favour of its employment; and the testimony of many practitioners in this country amount almost to a certainty as to its value, when used with judgment and discrimination. My impression of the case above narrated is, that the bleeding in the first instance was either unnecessary or injurious, and that if I had acceded to the wishes of the patient and his friends by repeating it, he might like many others, have fallen a victim to delirium tremens, or have drawn on a prolonged existence with some paralytic defect.

Coltishall, June 23rd, 1847.

ON SACCULATED OESOPHAGUS CO-EXISTING WITH STRICTURE.

By W. C. WORTHINGTON, F.R.C.S., Senior Surgeon to the Lowestoft Infirmary.

(Read at the Annual Meeting of the Suffolk Branch of the Provincial Medical and Surgical Association, held at Beccles, June 17, 1847.)

Judging from the few cases furnished by English medical authorities, sacculated oesophagus, co-existing with stricture, may be looked upon as a pathological deformity of uncommon occurrence. Among Continental writers, Isenham and Sandifort have alone