This is a complaint of frequent occurrence, yet it was only within the last 50 or 60 years that the knowledge of the medical profession became acquainted with its real nature, or gained correct notions of its diagnosis or pathology.

Dr. Pearson, in the year 1741, was, I believe, the first medical writer who gave an accurate description of the complaint under the title of "Brain Frenzy." Dr. Sutton in the year 1743 gave a still more detailed account of the disease and called it "Delirium Tremens." Since this period, many medical men of eminence have written upon the same subject, although calling it by different names.
Dr. Armstrong calls it "Brain Fever from intoxication. Dr. Ellioton & Copland describe it under the term of "delirium tremens". Dr. Ryan prefers the term "delirium heroum eclint. Dr. Blake considers that delirium heroum eclint is the term which would be most descriptive of the nature of the disorder; but I think the term by which it is most generally known, and which was originally given to it by Dr. Sutton, is as good as any. (i.e., delirium tremens.)

This disease is not peculiarly confined to drunkards.foon Green saw a few cases recorded of known cases from great drunkards, and of anything by which the illness is over wrought. I remember seeing a case.
When in England during the holidays.

It was a man who was suffering from delirium tremens or a disease very much allied to it, it was brought on by over anxiety and loss of sleep. He was a very poor man whose wife was suffering from an attack of hysteria. The landlord was free from invention or want without ever slipping as far as I could learn. This man never took alcoholic stimulants of any kind. He may also be occasioned by the drugged beverages prepared in Eastern countries, particularly in East-India. When too greatly indulged in, it is chiefly when strictly kept follows a paralytic affection. During the first few days of the abstinence of the accustomed stimulants the disease itself...
Symptoms

The disease has been divided into three stages. Dr. Blaikie was the first who introduced these divisions.

The symptoms in the first stage, which usually commences after a continued debauch of two to eight days or longer, during which time the patient has been in a constant state of intoxication, perhaps fretting or in sleep.

The patient is stupified in spirits, with a slow pulse, cold extremities; his stomach is somewhat distended; the tongue inviolate covered with a yellowish film; he sleeps badly and has no appetite.

This stage seldom lasts longer than thirty days or forty.

During this time the fever commenced.
The Second Stage

In this stage the patient is generally delirious, he is restless that a kind separation of kontenance, his kenance is hurried, it appears apprehension of some imaginary danger, it seems quiet. In extremity left, the heat of the surface is greater than before, it shows for the first time the pathognomonic symptoms become clearly established. His hands are in a constant shite of tremors; if one tell him to put out his tongue, you will perceive it all trembles. He speaks incoherently, his thoughts are encompassed with drying apprehensions of a lowering in frightful nature. If he has been a religious person at any time, his thoughts are evident in the
Inmoriety of his crimes, the impossibility of making atonement for them.

"Remember a case of this kind." Should the patient be in a state of preceding embarrassment, he will then justify himself, surrounded by physicians, family, attorneys, "it is not persons." Perhaps with a view of getting rid of his painful difficulties, will attempt or actually commit suicide.

It is scarcely believable, that although a patient in this stage of the disease, when excitable to such a terrible extent, will often attempt to commit suicide; yet they are usually quick towards others, but not always. It is strange that patients in this stage were generally calm and quiet, but by the medical attendant, with tolerable accuracy, he knew especially...
if it should appear by his manner to sympathize with them by affecting to believe in their absence representations of a person in this stage.

be affected with a severe local injury, such as a fracture. This, he will not complain of it in the slightest degree, but, on the contrary, if permitted, do it about in all directions, being totally indifferent to the consequence.

This stage is very uncertain as to the time of its duration, if properly treated as soon as the first symptoms appear it may perhaps, but that, the patient cured in twelve or eighteen months.

However, it is much known natural fruit to continue in their days.

At the end of this period
If the case then end favorably the patient will become gradually quiet until it finally falls into a sound sleep, which may continue without intermission for twelve or eighteen hours, when he will awake quite well.

In a case of this kind the third stage never occurs.

The third stage is in fact a continuation of the second in an aggravated form. The excitement, apprehension, of paralysis (chattering) having attained its highest degree, the patient becomes excitable, chattering in bed, pacing up and down, the bed clothes, his extremities are cold, his lips covered with a clammy perspiration, the facies are contracted.
Dear Sir, perceptible; the
strength of the hands has
increased; the lips, cuti-
ten, tongue are covered with
brownish furred; it is at
length died within moments
or in a convulsion fit.

Treatment

In the first stage the
treatment - which I have
been attended with beneficent
results, are soothing stimulat-
ing remedies.

For this purpose, efficacious
draughts consisting chiefly
of Carbonate of Soda and
its Ammonico Aromat of
Lemon juice, should be
frequently administered;
A small quantity of sherry
or brandy, or人寿. For fifteen
drops of the tincture of opium
May with advantage be added to each draught, the extremities should be rolled up in warm flannel to which applied to the feet. This treatment should be followed until the patient feels well on the second or characteristic stage of the disease becomes developed.

I think you are very seldom called in to see a patient until the second stage of the disease has become developed unless in case of accident. 

In the second stage of the disease numerous treatments have been proposed, but none always send the patient recover after taking quinine. The quinine should be administered in large doses. 

You can...
Give it in the form of the
Guinée, Linéum, or as the
friction or acarai of Embolium
Repeat it every two or three
hours until the patient
obtains relief.

Some recommend of the
patient—is strong it the fault.
Incorporating with Tartar
Vouset, ether combined
with the Tabernæm, or in
Alternating doses.

I have scarcely but once
seen this tried. If not then
with the great advantage,
I was led not to expect from it.
The patient had had
delinquency dormant—before,
It was treated with Tabernæm
at after being darth}
Now the disease was not to lower
The time Tartar Vouset was
usual, yet the patient—was
much longer recovering.
Dr. Hopkins & other American writers, prescribe tartar emetic in frequent doses, until it induces an emetic action or frank vomiting whenever possible.

The head should be kept cool by the application of cold compresses.

Bleeding should not be resorted to in any stage of the disease. Coarse measures should likewise be avoided as much as possible. Purgatives I think are wrong in this disease.

The celebrated French surgeon, Baron Dupuytren, recommended a few drops of extract of opium to be given in the form of a mixture of spirits of wine in the shape of a syrup. A few drops of this mixture given in the morning, I believe, would tend to prevent the recurrence of the disease.
given in this form would be attended with much advantage.

When a large quantity of fever has been given in any form, without producing sleep, the symptoms of delirium or being established at the border, falls on that the patient lies shivering in bed with laborious breathing.

The plan of treatment should be altogether at once to the optimum local analgesia.

Together

Narcotics should be given, and diaphorics applied to the feet of the foot or buttocks to the area of the feet or between the shoulders.

Colonies of fever have been given together with great success according to...
Dr. Blake & others recommend
domitories of Sphyphol of the
attenuated by the administration
of antispasmodics & stimulants.

Dr. Percival in the English
Journal of Medicine & Surgery
No. 11 April 1820. Stated
that he has given large
courses of digitalis, 60 drops
three hours after bleeding,
the patient recovered.
Of late still larger doses
have been given. 3/4 every
three hours. The patient
was recovered after having
daken turns or three doses of
the course.

Dr. Painin has prescribed
syrup to wash the bowels of
the faeces, in aromatic waters,
the course of half a pint of
brandy each evening, three spoons of the
water's electrics of opium.
At Night- of that out of 43 cases he has only lost one
(Good Gar utilities Oct 1st Page 776)

By resolvent or moril be given in moderate doses every hour
or two.

Does it not the abstract of

Dr. Black recommends the accustomed stimulants
in moderate quantity at short intervals.

In some cases warm faries, egg or brandy may be allowed.

Stimulating liniments applied over the spine are occasionally very effective.

During the treatment, bitter
or as involvement of dietetic
arrow root or peps with or
bitter lecanil or white linen

A
May be given from time to time, particularly if the patient wishes it. During convalescence the diet should be very light but nutritious & suitable beverages in moderate quantity allowed. The digestive functions during recovery should be attended to & promoted by exercise &by agents when the bowels are loose.

Within the last few years some physicians of eminence have considered themselves warranted in differing abstinence from the effect of a chronic alcoholic poisoning, the patient gradually becoming more or less affected by the poisonous action of the alcohol on the blood, & finally being unable to protect its injuries.
influence, delirium has followed. Undoubtedly the reception of any severe injury would facilitate the superintendence of delirium by rendering the system liable to bear its burden. The govern
ment influence serves upon it. According to this view an entire 
abstinence from stimulating especially alcoholic drinks has been
recommended by some tartar emetic in cases
progressing. These has been administered with decided
success. In other respects the treatment appeared to be
rational. The bowels are
usually opened, the visitable
condition of the stomach is
treated by appropriate remedies.
The intense craving for drink
being entirely due to a chronic
parasite. Although

Alcoholism
is not given for the purpose of procuring relief. Very small doses may be administered as a stimulant, if at least a few times the patient is able to take all extreme irritant used complete the treatment. The question here naturally arises: what is the dose? Instead of the patient to stop, but this may be taken by another question, is there any good evidence that opium had the effect of procuring the patient from injury, render circumstances in which the administration of large doses of it does not succeed in procuring relief? For my own part I cannot say that the treatment of delirium tremens by stimulants—
as proved at all be dangerous as it is believed by those who advocate the new system of treatment. But although I cannot say anything in favour of the new system of treatment, this it appears to rationalists of its effects are declared to be so beneficial in practice that its adoption cannot but be productive of benefit when judiciously carried out.
Pathology

The intricacies of appearance discovered by post-mortem examination are by no means
numerous. They consist of a increase of the vessel in the
edema, a slight degree of opacity in the arachnoid
membrane with some
serous effusion into the
ventricles of the brain.
Alcohol has been detected
in the pericardium of the ventricles.

In the cases which have
accompanied or directly
followed intoxication, the
vessels are often severely constricted,
particularly those of the diaphragm;
the arachnoid
is thickened and the
serum
is more abundant and occasionally
The appearances of the stomach and liver are not necessarily connected with the pathology of this disease.

Dr. Bateman says he has found in all persons dying of delirium tremens a remarkable softness and pale state of the muscular tissue of the heart.

Dr.olly also says that in all cases he has examined, he has found without exception: the cortical substance of the brain, pale and bloodless.
Case 1

John - April 5th -

Chesterfield

Monday May 22 - 1608 pm

The patient has been very restless all night. It
imagined he saw insects
crawling about, rubbing
Symptoms... tremors of
hands. His eyes are suppurate,
contracted pupils, but his
intolerance. Flight, his
manner is hurried. It

In books suspiciously around
Puzzle 9 to Tralair Jull

Sprue Coats with a yellowish
mixture, when pressed it

removes, the skin is rather
rather warm.

He admits he has been
walking on Saturday, but
admits that there is anything
The matter with Vision
It is a notorious fact that the effect of a certain treatment in September last year was very noticeable when compared to a previous treatment. The patient was treated with a mixture containing:

- Soda 13
- Carbonate 0.75
- Potassium 3
- Morphine 3
- Syrup Ammonia 3
- Aperient 3

The mixture was given every three hours to begin with, and the following solutions were also given:

- 3 of 7 Solution
- 1 of 5 Solution

Pills were given at intervals of:

- Every 3 hours
- Every 2 hours

May 3rd: The patient felt better. The mixture was continued to be given three times daily. It continued to help, although much better. He is by no means cured, but ordered another pill of the mixture.
The steps were clear and distinct

of the pathway from both

the path, when the path was lit

Continue to do this for

about 14 hours off and on,

he was aware. When taken

into he was perfectly well

from that time.

Case 11

William  Age 40

June 15, 1879

always went for to the Green in

the morning, 

laboring under the following

Symptoms.

He was greatly apathetic; his

hands trembled, the surface

was very cold. His left arm

had a very clammy feel; the

expression of his countenance,

was wild. Suspicious;

He said he was annoyed

by objects constantly passing

before his eyes. While stand
was noticing these symptoms, he suddenly jumped up from bed, to defend himself from these imaginary terrors. He believed he was in fact for some crime of which he declared he was innocent.

His bowels had not been opened for three days, as far as he could learn.

I ordered him two pills of a draught three hours after, to act upon the bowels, to bring down the same inscrutability as I ordered the other patient in the same with a gain of opium every hour. The opium to be commenced an hour after the draught had been taken.

Since 11 he has taken a pill of the mixture every three hours; his bowels have been freely known, but had not slept since yet; he says his wife wants to settle them, the pulse is full, and variable as to frequency, being at one time quick.
12th He slept occasionally last night. It is now more rational; it less suspicious, but he is not well yet. Is continuing the strictest diet.

13th He is considerably improved. Slept the entire night without interruption. The back symptoms have all disappeared. The patient has a desire for something to eat.

14th She has been improving since yesterday. May know to considered free from headache; but it still lasts.

15th She is quite well today.

I have seen a number of cases in different places of delirium tremens; all or nearly all have been successfully treated—Withal, forever.