

ment, which, receiving the weight of the head and shoulders, transmits it to the pelvis. The spinal column is thus relieved, and the extensor muscles are less violently thrown into action.

## Original Communications.

### THE LARYNGOSCOPE AND ITS CLINICAL APPLICATION.

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#### V.—CASES ILLUSTRATING THE PRACTICAL VALUE OF THE LARYNGOSCOPE.

DOUBTLESS there will recur to the recollection of every experienced practitioner, who has now made himself acquainted with the facility with which a view of the larynx can be obtained, cases which have occurred in his own practice, in which he would gladly have availed himself of the means of diagnosis and treatment which the laryngoscope affords, had he at the time that the cases were under hand been acquainted with the instrument: and it is, therefore, not my intention to do more now than to allude very shortly to a few cases illustrating the practical value of an instrument which, in its simplest form, should be in the hands of every practitioner.

The acute affections of the larynx are accompanied by such characteristic symptoms, that their diagnosis is usually comparatively easy without the aid of the laryngoscope; and in some of these maladies in which it might be desirable, the examination would not be practicable. Thus, doubtless, in cases of croup, it would be satisfactory were we able to define exactly the limits to which the false membrane extends; but the incidental circumstances of the disease, more especially the tender age of the patients in whom it usually occurs, almost necessarily preclude the possibility of our making use of the instrument: and again, in diphtheria, where it would frequently be a matter of much importance to ascertain the extent to which the air-passages are affected, the state of the fauces gives no chance of our seeing into the larynx. In ordinary acute laryngitis, I have never at present made any use of the laryngoscope; but I believe that it would be quite applicable in any such case where we were anxious to obtain a view of the parts—as, for instance, to assist us in determining upon the propriety of resorting to the operation of tracheotomy. I do not believe that the inflammation of the pharynx, which frequently accompanies laryngitis, would cause any insurmountable intolerance of the laryngoscope, as I have used the instrument in very acute cases of pharyngitis, where the symptoms threw a suspicion on the larynx, and rendered a view of this part desirable, not only for my own satisfaction, but for that of my patients, who, in two cases, were medical men, and were only relieved from a nervous fear as to the state of the larynx, by having it thus made palpable to the sight.

Of the utility of the instrument in *œdema glottidis*, there can be no doubt; unless, indeed, those practitioners who are in the habit of examining the larynx with the finger believe that a digital is equally satisfactory with an ocular examination. The parts most seriously affected in this malady, are those situated high in the larynx, and therefore most easily seen in the laryngoscope. In the following case of a closely allied if not identical affection, the effusion affected so much the floor of the mouth, the root of the tongue, and the fauces, as to render the patient unable to open his mouth to any considerable extent; but even with this

disadvantage, the eye saw certainly as far as the finger could reach, and the aid afforded by the laryngoscope in diagnosing the state of the larynx, was most satisfactory.

CASE I. W. G., aged 34, a groom, of fairly temperate habits, and usually enjoying very good health, applied to me on February 1st, 1863. He had been quite well up to the previous day, when he began to feel pain and stiffness about the lower jaw and the fauces. When I saw him, the pain had increased; there was considerable difficulty in swallowing; the voice was changed, sounding thick, not husky; respiration was quiet. The fauces were reddened; there was fulness of the salivary glands below the jaw, and some difficulty in opening the mouth and protruding the tongue. An astringent gargle and wash for the mouth, with the application of a turpentine epithem externally, were ordered. On the evening of the same day, the pain and swelling having increased, and a feeling of suffocation having supervened, the acetum lyttæ was applied externally, and an emetic administered.

February 2nd. The feeling of choking was somewhat relieved by the remedies employed on the previous night; but this morning, the œdema about the floor of the mouth was so considerable, as to give the appearance under the tongue of a double ranula. The tongue could not be protruded; the pulse was feeble and rapid; the skin relaxed. The laryngoscope, which was used with difficulty owing to the inability of the patient to open his mouth, showed the epiglottis reddened and somewhat swollen, and the back of the aryteno-epiglottidean folds scarcely affected. An incision was made on each side of the frenum lingue into the cellular tissue of the floor of the mouth; the use of the astringent lotion continued; and fifteen minims of tincture of sesquichloride of iron administered in a mixture every four hours. Beef-tea and milk were ordered to be given in as large quantities as possible.

Evening. The œdema of the floor of the mouth was relieved by the scarification; there was still considerable pain in swallowing, and an occasional sense of choking and suffocation.

February 3rd. The symptoms depending on œdema were improving; but at the site of the incisions on each side of the frenum lingue was a small superficial slough. The epiglottis was still comparatively slightly affected. The use of the chalybeate mixture was continued; and a lotion made with Condy's disinfecting fluid was ordered for the mouth.

February 4th. The progress of the case from this date was, with slight fluctuations, gradually towards recovery. The small sloughs separated; and the œdema subsided. The laryngoscope was daily employed; and at no time was the œdema of the epiglottis found at all considerable. By the time that the swelling about the mouth had sufficiently subsided to enable me to get a full view of the larynx, no trace of diseased action remained there; indeed, although I give the notes of this case, in connection with what I have said as to the utility of the laryngoscope in œdema glottidis, it can hardly be called an example of that malady, although closely allied to it.

Of the use of the speculum in other acute affections of the larynx, in injuries or in the passage of foreign bodies through the larynx into the trachea, I can give no examples from my own practice. The value of the laryngoscope is, however, greatest in the diagnosis and treatment of chronic affections of the larynx; and the instances are now numerous, where a patient having been treated during many years for various supposed affections of the larynx or of the general constitution, a laryngoscopic examination has disclosed a totally unsuspected cause of the aphonia and other symptoms.

In all forms of *chronic laryngitis*, whether severe or slight, leading merely to congestion or to ulceration, the

aryngoscope can be used with advantage; and the characteristic appearances of the various affections are exemplified in the following case.

CASE II. *Chronic Inflammatory Congestion accompanying Follicular Pharyngitis.* Miss C., aged 24, had for years suffered from dryness and occasional soreness of the throat, with frequent hacking cough and occasional sense of choking. Patches of redness, with distension of the mucous follicles, were observed in the pharynx. The laryngoscope showed the vocal cords healthy; but small congested patches, with dilatation of the minute vessels, were scattered over the mucous membrane, lining the interior of the larynx and covering the epiglottis. There was no thickening of the mucous membrane, nor any of the follicular distension which existed in the pharynx. In most cases of follicular pharyngitis, accompanied by the usual symptoms, where I have examined the larynx, its appearance differs but little from what is normal in the healthy organ.

The treatment in this case consisted in the application to the interior of the larynx of a solution of nitrate of silver (a scruple to the ounce), and the symptoms have been greatly relieved.

*Tubercular Inflammation, and Ulceration of the Larynx.* Examples of this malady are, of course, constantly occurring; and I have under my care cases, where the benefit derived from the local and general treatment is much more marked than in the following case, which standing, however, first in my note-book, I give here.

CASE III. C. C., aged 36, a butcher, consulted me in 1861, when his case was evidently hopeless. He had for eighteen months suffered from symptoms of pulmonary phthisis, and for five months had been more or less hoarse. He was now much distressed by pain and choking when he swallowed either liquid or solid food. On examination, the epiglottis was found thickened, and the left side affected by ulceration, which had destroyed a considerable portion of its substance; the interior of the larynx was red and œdematous, and the vocal cords were thickened. The application of the solid nitrate of silver to the ulcerated margin of the epiglottis relieved the pain in swallowing, but did not, of course, prevent the rapidly fatal termination of the case.

In most cases of tubercular ulceration of the larynx, there is considerable inflammatory redness and œdema, either general over the whole larynx, or more decided at the points where the ulcers with the sharply defined edges which they usually present are situated; immediately around the ulcers there is thickening of the parts, probably from tubercular deposit, and occasionally patches of tubercle may be seen which have not yet ulcerated. Not infrequently, the mucous membrane appears to be eroded from the vocal cords, without these being at all thickened by deposit; even where the vocal cords themselves are healthy, the œdema and deposit about other parts of the larynx prevent the free action of the arytenoid cartilages and their vocal processes, and thus partly prevent the closure of the vocal cords, and give rise to the clanging voice or complete aphonia which accompanies the malady.

*Syphilitic Ulceration of Larynx and Trachea.* I have not at present examined, or met with any case of very acute syphilitic inflammation, and most of the cases I have examined, have been characterised by the presence of comparatively small ulcers without much œdema or redness. I do not think it necessary to quote any cases, as the treatment I have adopted, has always been constitutional and unmodified by the laryngeal examination. In one case, that of M. S., aged 20, wife of a shoemaker, suffering from other symptoms of constitutional syphilis, I could readily see an ulcer about the size of a four-penny piece, situated on the left side of the windpipe over the upper rings of the trachea and the cricoid cartilage.

*Malignant Disease of the Pharynx and Larynx.* I have examined two cases of this kind laryngoscopically; in one, there was always such an accumulation of discharge about the parts, as to prevent my being able to say what was their actual condition. In the other, notes of which I subjoin, the laryngoscope certainly aided the diagnosis.

CASE IV. Mrs. M., aged 56, wife of a farmer, consulted my father and myself, in December 1860. She had for some time previously felt a pricking sensation in the throat, which led her to imagine that she might have swallowed a pin, which had got fixed in the gullet. She had now great difficulty in swallowing, and almost every attempt to eat caused a fit of choking. There was slight fulness and tenderness over the œsophagus, about the level of the cricoid cartilage. Laryngoscopic examination, made with some difficulty, from the extreme irritability of the fauces, showed irregular ulceration of the whole of the lower part of the pharynx, thickening and ulceration of the interior of the larynx, the summits of the arytenoid cartilages being especially affected. There was not much inflammatory redness; but both the ulcers and surrounding parts were covered by a considerable amount of purulent discharge. The constant choking, which was a distressing symptom in the case, depended probably on the special affection of the mucous membrane covering the summits of the arytenoid cartilages; as, when the epiglottis is sound, ulceration in this particular situation seems the most frequent cause of that symptom.

Of course, in this case, the laryngoscope gave no aid in the treatment of the malady; and only enabled us to give with more confidence an opinion, at which, we should probably have arrived without its assistance. The hopeless view which we gave of her case to our patient, induced her to place herself in the hands of a practitioner of the homœopathic system of quackery, who held out hopes to which the patient clung almost to the hour of her death.

*Tumours of the Larynx* are now known to be far from uncommon; and since the introduction of the laryngoscope, several cases have been reported, but none of these illustrates more forcibly the great utility of the instrument, than the following, which I reported at length in the *Lancet*, of November 9th, 1861, and which was, I believe, the first case in which a polypus of the larynx was removed by any form of *écaraseur*, with the aid of the laryngoscope. Recently, Dr. Gibb has reported cases in which he has successfully adopted a similar operative procedure to that which I employed; and from the claims he makes for his instrument, he appears to have overlooked the account of this case which I had previously published.

CASE. R. P., aged 14, smith's workman, was first seen by me August 12th, 1861. *History.* When he was six or seven years old he was first perceived to become hoarse and rather short of breath; and for the last six years he had never been able to speak but in a whisper. About eighteen months since, he became incapable of doing any but the lightest jobs, in consequence of the distressed breathing induced by exertion. Six months ago, he was compelled to give up work altogether; and for the last three months he had been unable to move across the room or to make the slightest exertion without help. He was of a highly strumous family, and had cicatrices from old strumous ulceration about the neck. He had been frequently under medical treatment; and, apparently, all the medical men who had had him under their care had used remedies for chronic laryngitis, and had probably suspected phthisis laryngea. His countenance was anxious, pale, and bathed with perspiration; his lips livid; the pupils somewhat contracted; hands cold; respiration very laboured, all the accessory muscles being thrown into action, and each inspiration being accompanied by a loud laryngeal murmur; the least

draught of wind blowing on the face stopped the breathing, and caused the greatest distress. The pulse was very rapid and small. His whole appearance was such that, before going into the history of the case, I got my instruments ready in case of tracheotomy being at once required. A laryngoscopic examination, made without the least difficulty, revealed at once the cause of the dyspnoea. The epiglottis and upper part of the larynx were normal, with the exception of slight œdema of the aryteno-epiglottidian folds; but growing from the anterior wall of the larynx, immediately above the anterior attachment of the right vocal cord, was a polypoid growth, presenting an irregular mulberry surface, which, being of about the size of the tip of the little finger, and ten lines long, acted as a valve. At each inspiration, it was seen drawn down on to the rima glottidis, which it would completely close, were it not that the end of the growth was drawn slightly through the wide posterior part of the rima, so as to leave a small chink at the back through which air could enter. In expiration, the growth was thrown upwards, so that the exit of the air was not impeded. At the base of this, and occupying a similar position on the left side, was a small growth similar in character, and of about the size of a split-pea. The nature of the case being thus cleared up, and the friends of the patient stating that for about a week he had seemed in the same imminent danger as to-day, I decided to incur the risk of delay, and, if possible, to relieve my patient without tracheotomy. I accordingly wrote at once to Messrs. Weiss of London, a description of a pair of vulsellum-scissors, curved sufficiently to admit of their being used in the larynx, which seemed to me the most feasible instrument to remove the growth.

August 11th. The symptoms during the last ten days having been very urgent, I endeavoured to relieve them by passing a tube through the rima into the trachea. To my surprise, however, when the tube was introduced, respiration seemed impossible; and, being compelled to withdraw the tube at once to avert suffocation, I found that the end of the tumour had happened to catch in the fenestrum, and that a piece of about the size of a pea had been torn off, and, becoming fixed in the tube, had completely obstructed it. This unexpected result of the introduction of the tube not only afforded very considerable relief to the patient, but also proved the great friability of the tumour, and induced me to have an instrument made by which a wire loop might be made to encircle the growth, and, being tightened, to crush through its base. This laryngeal *écraseur* consisted simply of a strong silver tube like Gooch's double cannula, but longer, and curved at one end almost at right angles; the other extremity being furnished with two strong rings or loops; a piece of thin iron wire, such as is used for sutures, or, as I have since used it, a chain made of two such wires closely twisted together, is passed through one side of the tube and returned through the other, so as to leave a loop. One end of the wire is twisted into the eye at the end of the cannula, so as to fix it firmly, and to the other is attached a small cross-bar of wood. By pulling this end firmly, one has sufficient power to crush through and separate growths of a cellular nature, such as this proved to be.\*

\* I am particular in describing this instrument, as Dr. Gibb, in the number of the *Lancet* for May 9th, 1863, describes a laryngeal *écraseur* which he has had constructed by Messrs. Weiss; and although he expresses himself as not unmindful of the instruments used on the Continent, makes no allusion to the fact that I had contrived and used an instrument (made for me by Messrs. Weiss) which in principle exactly resembles, although I believe it is a less manageable instrument than his. This omission, no doubt, arose from Dr. Gibb's having overlooked or forgotten the case which I published in the *Lancet* of November 1861; and I therefore at once wrote a letter for insertion in the *Lancet*, calling attention to the fact of my having described a laryngeal *écraseur* in the pages of that journal eighteen months before Dr. Gibb described his. That this letter should have been placed among the notices to correspondents instead of with the correspondence of the *Lancet*, does not appear to me to show any anxiety on the part of the editor to allow the public

August 18th. The patient had seemed much better since the removal of the small portion of the tumour by the cannula. With the aid of the laryngoscope, I succeeded three times in catching the tumour in the *écraseur*, which I received from town this day; and each time I removed a portion of about the size of a pea, giving immediate relief to the patient, who, having for three months previously to the removal of the small portion of the tumour by the tube, been unable to walk across a room, was now, with assistance, able to walk some little way from the infirmary towards his own home.

August 19th. On calling to-day, I found my patient out walking a quarter of a mile from the house. Laryngoscopic examination showed that the larger growth was sliced off on a level with the lesser, leaving the whole of the posterior part of the rima free for respiration. I to-day failed altogether in seizing in the noose of my *écraseur* any part of the growth; the whole of the pendulous portion of the tumour being removed, and its wide base alone remaining.

August 24th. The patient was greatly improved in general health and strength, and respiring with ease.

For some time after this the treatment consisted in the internal administration of cod-liver oil, and the topical application at first of solid nitrate of silver, and afterwards of a strong solution of sulphate of copper; but the patient getting so well that he was able to work extra time—that is, from six in the morning until half past eight in the evening—I did not see much of him until he again applied to me in 1862, labouring under severe catarrh, and with some return of the laryngeal symptoms, which a laryngoscopic examination showed to depend upon a return of the growth, which was, however, this time much smaller, and was situated higher up, at the root of the epiglottis, just within reach of the finger. I again removed some portions with the *écraseur*, and the patient himself scraped some portion away with his finger; the difficulty in breathing was quite relieved, but the voice remained husky. From this time, there has been no necessity for treatment, and the patient met me the other day, and very exultingly told me that he “could halloo quite well”; certainly his breathing seems as good as can be desired, but his “halloo” would not yet, I think, be of much service at the cover side.

*Nervous Affections of the Larynx* constitute another class in which the laryngoscope is absolutely necessary for a correct diagnosis, and consequently for suitable treatment. The following case, of which I have but very short notes, illustrates the difficulties which may surround a diagnosis, and the power of the laryngoscope to clear them away.

CASE. E. P., aged 40, wife of a farmer, was first seen at the Dispensary in July 1861. She was stout, of a pallid complexion, and had a history leading to a suspicion of a syphilitic origin of her symptoms. She complained now of rheumatic pains, especially in the left shoulder, of sponginess and tenderness of the gums, difficulty in deglutition, and respiration. The voice was nasal, and there was laryngeal wheezing in respiration, with a clanging cough. The symptoms and the history made it probable that there was some syphilitic inflammation or ulceration of the larynx; but a laryngoscopic examination showed the entire absence of any such malady, and the dependence of the symptoms upon some affection of the nervous system causing partial paralysis. The progress of the case confirmed this opinion. On August 13th, she was no better; complained of deafness, swimming in the head, and sickness. On September 23rd, she was completely deaf; had noises in the head; her voice was very nasal. She had great pain in the head, accompanied with giddiness; the sight of the right eye was failing, but was better. Her general health was

to put in force the sentiment, *audi alteram partem*, which he affixes at the head of the division “Correspondence” in that journal.

improving. The treatment at this time consisted in the internal administration of iodide of potassium, and counterirritation to the temples and the head. Slow improvement took place; and as her residence was at a considerable distance from the Dispensary, she took her discharge, partially relieved, on March 29th, 1862.

In the form of nervous aphonia, commonly termed hysterical, in like manner we might frequently suspect some organic lesion; but we have in the larynx-speculum a ready means of satisfying ourselves of the true nature of the case. As to the local treatment which the laryngoscope enables us to apply for these nervous affections, I need merely refer to Dr. Morell Mackenzie's very interesting paper, read at the annual meeting of the Association, as showing the practicability of the application of galvanism; although I confess my belief that, in the great majority of the cases there related, the benefit was derived more from the powerful mental impression caused by the operation, than from any special effect of the galvanism upon the local nerves or muscles.

I might readily multiply examples, from my own practice, of the utility of the laryngoscope in dealing with real or supposed affections of the larynx; but I think that already sufficient must have been said to excite a desire on the part of all practitioners, anxious to keep pace with the progress which medical science is making, to acquire a practical acquaintance with the simple instrument which yields such great results, and I shall, therefore, merely add one case, illustrative of the benefit likely to be derived from the practice of rhinoscopy. As I have already stated in a former paper, the examination of the nares presents greater difficulties to be overcome than does that of the larynx; in the subjoined case, however, I had but one interview with the patient, and yet was able to get a view of the parts. I have been baffled in several cases, in attempts to make a rhinoscopic examination, where, I believe, I might now succeed, owing to a little addition I have made to my globe condenser, whereby a patient is enabled during examination, to watch in a mirror the movements of the throat, and to keep them under control.

*Ozæna. Necrosis of the Vomer.* CASE. Miss G., aged 35, confectioner, consulted me in October 1862. She was of a strumous constitution, and had never been very strong, but for the last few years had been greatly distressed by the extremely disagreeable odour of her breath; perceived, of course, more by others than by herself. She had also considerable discharge from the posterior nares, which she swallowed or hawked up. This was usually muco-purulent, occasionally bloody. Rhinoscopic examination showed the surrounding parts healthy, but the posterior edge of the vomer bare and white; and a discharge, principally mucous, clinging to the spongy bones.

The treatment recommended, was the internal administration of cod-liver oil; and the use two or three times daily of a lotion, consisting of Sir William Burnett's solution, diluted with about one hundred and forty parts of tepid water, to be sniffed up through the nostrils and spat out of the mouth.

I have not seen the patient since, but she has sent messages to me, expressing her great gratitude at being relieved from a complaint of so disagreeable a character. I may state that, I have adopted the same treatment in several other cases where fetidity of the breath had been most abominable, and after trying other disinfectant and astringent lotions, I have invariably found Sir William Burnett's solution, greatly diluted, the most efficient.

Without occupying space by describing the cases, I may state that I have been able to detect syphilitic ulceration of the mucous membrane covering the spongy bones, incipient polypoid growth, and other affections of the pharynx and nares. In all these maladies, and also in those affections of the hearing dependent on abnormal conditions of the Eustachian tubes, the rhinoscope

will, I am convinced, yield the practitioner valuable information.

Before concluding these papers, I wish to add, as an appendix to Part II, a description of an addition which I have lately made to my globe-condenser and stand; and which, I feel confident, renders this by far the most convenient illuminating instrument, not only for examining the larynx of a patient, but also for observing and demonstrating to others one's own larynx.

A small plane mirror, three inches and a half long by two inches and a half wide, is attached, by a stiffly working hinge, to a small horizontal arm four inches long; at the opposite end, this arm is attached by a sliding collar to the right hand pillar of the stand, a thumb-screw being adapted to fix it at whatever height we please. The small mirror must be raised or depressed according to the height at which we place the globe; its position when we are using the instrument should be immediately below and partly in front of the bottom of the globe, and its face should be inclined upwards at a slight angle, so that the person under observation casting his eyes down can see the reflection of the fauces when his mouth is open. By this arrangement, the patient himself can, if it be thought desirable that he should do so, see his own larynx, at the same time that the practitioner observes it in accordance with the rules laid down in Part IV, section B, and at least two other individuals, can, without crowding, by looking over the patient's shoulder into this mirror, see the parts equally clearly with the mirror, while another person, looking from before, his head being on the opposite side of the globe to that of the operator, can see directly into the laryngoscope. Thus, by using the mode of illumination, which, on other grounds, is so far superior to that by any of the reflectors, we are able, not only to get a view of the larynx ourselves, but to demonstrate it, at the same time, to the person under observation and to three other individuals, or, with a little crowding, to many more. Again, the apparatus so constructed is a more perfect and more convenient form for observing and demonstrating one's own larynx than that of Czermak, Moura-Bourouillou, or any other of the special autolaryngoscopic apparatus with which I am acquainted. The operator, seating himself in the position of the patient, clearly sees his fauces with the laryngoscope, all brightly illuminated, reflected in the mirror, and as many persons as can crowd their heads round his so as to look over his shoulder, may get the same view; while others, again, can look straight into the laryngoscope from the front. I would, therefore, recant the advice given at the conclusion of my second paper to those who wish to practise autolaryngoscopy, as to the purchase of Czermak's apparatus; my globe condenser, as now constructed, costing less, being more convenient, and answering, also, as the illuminating apparatus for the observation of others. The stand which I use myself was constructed for me in the country; but as I have several times had inquiries made of me as to where such an apparatus is to be procured, I have given the model to Mr. Matthews of Portugal Street.

I have now carried out the plan which I laid down for these papers in my introductory remarks; and although, from the difficulty of finding time for writing when busily engaged in other duties, I have allowed so long an interval of time to elapse between the appearance of the various parts, that they may give the impression of being detached and unconnected papers, they will, I think, when collected, be found to constitute a complete manual of the art of laryngoscopy. I have avoided as much as possible all superfluous or collateral matter, adhering strictly to what is implied under the heading, "The Laryngoscope and its Clinical Application".

In conclusion, I may state my hope that, as I was one of the few who first worked with the instrument in this

country, I may, by means of our widely circulating JOURNAL, have contributed something towards placing the laryngoscope in the hands of the bulk of our profession.

### ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. SANKEY, M.D. Lond., Medical Superintendent of the Female Department of the Hanwell Asylum.

[Continued from page 470.]

THE last case narrated was one of melancholia connected with disorder of the catamenia. The outbreak was in that case somewhat sudden and violent. The next case is similar. Griesinger, in his work on *Mental Diseases*, has a section on Melancholia attended with Excitement or Agitation; and he further divides the section into one in which the patients are violent towards external things or persons, and a second in which the violence is directed against themselves. These cases are attended with depression; yet in many instances they have been classed under Manias, on account of the mental agitation and the violence.

CASE V. A. F., female, was admitted in June. She was 41 years of age; single; a domestic servant. She had lived in service, holding excellent situations, and retaining them for long periods, since the age of 17 or 18. On admission, the disease was described to be of about one month's duration. She was out of place at the time, on account of a housemaid's knee; and was residing with her brother. The knee was going on favourably; but she had gradually become more and more depressed; said "she was sure she should come to want". She complained of a sense of pressure in the head; she wrung her hands, and showed other indications of mental anguish. On one occasion, she went into her brother's bedroom, and took up his razor; but it was immediately taken from her. On a subsequent day, she went up stairs and tied her garter tightly round her neck. Her sister-in-law was below, and heard her fall heavily on the floor, and reached her in time to cut the ligature before life was extinct. After this, or about this time, the symptoms became somewhat changed. She sang almost constantly, day and night; and never slept. She endeavoured to injure herself on a third occasion by beating herself on the head with a poker. She had throughout eaten very badly. The catamenia were entirely suppressed.

She was described, on admission, to be tall, with dark hair, of gaunt figure, spare habit, and pale. Her general health otherwise was not visibly affected. She complained of constipation. She was quiet and tranquil, and submitted herself to the rules of the asylum without complaint. Her manner was tranquil. She had an expression of melancholy. She said she dreaded poverty, and was somewhat reserved.

(From memory, and noted about five months subsequently to the occurrence.) She continued to go on quietly and orderly; was rather retiring, and appeared to shrink from observation, and was indisposed to employ herself. My attention was directed one day to the patient by one of the female officers of the establishment, as a patient who appeared to have very little the matter with her, and one who ought to be occupying herself usefully. This conversation was overheard by the patient, and she was visibly affected by it. For several days afterwards she was more restless and fretful, and more dull. This happened about the middle of August, or two months after A. F.'s admission.

September 18th (or four months after admission). She made another attempt on her life, by tying a handkerchief around her neck, and stuffing another into her pharynx; the attempt was again nearly successful.

October 3rd. The following note was entered. She was depressed, but occupied herself, and had become industrious. She said that her bowels were much confined, and that they never acted without medicine. She had taken frequent aperients. She was thin. She said her appetite was good, but her nurse reported that she ate indifferently. The tongue was moist and clean. She had not menstruated. She was ordered to have aloes and mastich pills daily, and fish diet.

October 21st (five months after admission). She continued in an improved condition; was tolerably cheerful, but was depressed at intervals. The bowels acted regularly, by taking the pills. She had not menstruated.

November 6th (six months after admission). She continued to improve; took the pills; and the bowels acted daily. She was not so frequently depressed. She was employed in the bakehouse, making bread for the establishment, and worked well. She had had for some days mutton chop daily, in lieu of fish.

December. She was visited again by her relatives, who requested that she might be discharged. She had become quite cheerful, and had not shown a suicidal propensity for three months. She had worked freely among knives, etc.; and had been thoroughly trusted, and appeared trustworthy. Her mother, a very aged person, was desirous that the patient should be allowed to reside with her; and the brothers agreed to find the means. The patient was much delighted with this arrangement. The friends voluntarily undertook that the patient should never be left alone. She quitted the asylum in their charge on December 19th.

January 3rd. From a letter from the relatives, the following facts were learnt. She continued quite well up to the above date. On the morning of this day, she complained of headache; and her mother, with whom she slept, advised her to take her breakfast in bed. The old woman went down stairs to make the tea; and, on bringing the breakfast up, found the patient hanging by the neck, quite dead. She had hung herself by the bar of the bedstead.

All the suicidal attempts of this patient were made suddenly. Sometimes this kind of melancholy is attended with sudden attempts directed against others. It constitutes the homicidal insanity of authors. It is, fortunately, a description of case which is rare. My experience extends over about 2400 cases. I have not had a genuine instance in my own practice with homicidal propensity.

In the cases already related, there have been present morbid apprehensions and anticipations of evil, yet scarcely strongly enough marked to amount to distinct possession of the mind—to a belief, which is necessary to constitute a true delusion. In the present day, every one is aware that delusion is by no means a constant symptom in insanity. There may exist illusions simply and alone; or both illusion and delusion may be present together. If a digression be permissible, it is here the place to mention that although authors, at least English authors, describe three kinds of symptoms—viz., illusions, delusions, and hallucinations—there appears really no necessity for such complication; and I believe that all the phenomena may be brought under two divisions, and that the three have arisen from some confusion in terms. Esquirol was one of the earliest writers to point out the existence of the two classes; and, as he wrote in French, he used the two French terms *illusion* and *hallucination*. There is no such French word as *delusion*: the English, in fact, of the French word *illusion* is *delusion*; and the English of *hallucination* is *illusion*. This difference in the prefixes between the two languages is very common, as in *reclusion* for *seclusion*, *contraint* for *restraint*, etc.; and hence has arisen the confusion.

If a patient hear a voice proceeding up the wall, con-