

usually more or less swollen, and considerable disfigurement ensues. It is seldom that any constitutional disturbance ushers in an attack, and the general health remains unaffected. The pruritus is often so great, that the patient cannot refrain from scratching; and hence are to be seen small dark crusts of dry blood on the summits of the papules, or a slight serous fluid exudes from their forcible abrasion. The complaint is very variable in its duration, and likely to become protracted in those who have previously suffered from its effects.

Lichen tropicus, or "prickly heat", is common in most warm countries. Indeed, there are few who have resided any length of time in tropical climates that escape from this annoying complaint. It generally shows itself as the hot season sets in, and continues with greater or less interruption until the approach of the rains, or the advent of cooler weather. The chest, back, and extremities, are attacked together or successively; the eruption not differing from that observed in lichen agrius, and sometimes scarcely apparent. It is always increased by food, and becomes aggravated generally towards night. A cold bath may afford temporary relief; but the itching soon returns, and in no way abated. The eruption sometimes vanishes altogether for a time; and is less felt in the morning than at any other period of the day. It is most severe where the extreme of heat is found. It has fallen to my lot to witness many instances of this kind of lichen, when doing duty as an assistant-surgeon in Upper Scinde, or on board one of the late Hon. East India Company's vessels of war in the Red Sea and Persian Gulf—climes which may be reckoned among the hottest in the globe. "Prickly heat", it may be added, occurs at that time of the year when sickness is least prevalent, and is usually associated with excellent health. The danger, supposed by some to arise, of repelling suddenly the eruption by plunging into cold water, has no real existence. No class of men, from their habits, or the exposure to which they are frequently subjected, as when engaged on survey duty, are more liable to "prickly heat" than sailors; and yet they continually bathe in the sea in this state, with no ill consequences resulting therefrom, as far as I have seen or heard.

Lichen urticatus is usually met with in children of a few months old. Sometimes it occurs at a later age, especially when the skin is fair. It is attended with the same degree of restlessness that marks the other forms of lichen, but which generally abates towards the early morning. The part attacked seems as if it had been stung by a nettle or bitten by a gnat. It is subject to exacerbations and remissions; and follows mostly the line of extension of the limbs on their outer surface, and also the back. It is oftentimes very intractable.

[To be continued.]

HOMEOPATHIC LITERATURE.—"I lately met with a retired writer for the periodical press, who stated that one of the things with which he most reproached himself, was the getting up a work for a homœopathic practitioner, whom he characterised as a man of good address and plausible manners, but excessively ignorant professionally, and who, in a literary point of view, was scarcely able to string half-a-dozen sentences together. All the cases of cure were pure inventions, yet the work procured the supposed author a large amount of practice for some years; he got introduced to the Queen Dowager, to whom he presented a copy, which was duly noted in the papers." (*Dr. E. Lee's Pamphlet.*)

## Original Communications.

### ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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[Continued from page 341.]

In the last paper, typical cases of acute mania were described; and the intimate connexion that exists between mania and melancholy was illustrated. The difference between these forms of insanity is scarcely sufficient, in my opinion, to separate them into distinct species. Indeed, a separation of the cases is almost impracticable; so much does one form merge into the other.

In all primary cases of what is called acute mania there is, as a rule, a premonitory stage of melancholy. In some cases, this stage is quite transient; in others, it is of longer duration. And, on the other hand, many of the cases which are called melancholic pass into a stage of maniacal excitement after a certain period; and often such stage is of favourable augury.

In one of the cases of mania narrated, the stage of depression was doubtful; and this was not the primary attack of insanity, and the patient was melancholic in the first attack. In the second case, the depression existed, but was scarcely heeded by the parents. In the following case, the melancholic stage was more evident, and became gradually mixed up with maniacal excitement towards the latter period of the attack.

CASE XIII. B. E. was admitted in December 1861. The following history was narrated by the mother. B. E. was the wife of a coach-painter, and worked at shoe-binding. There was hereditary tendency to insanity in the family. The mother's sister was considered to be a lunatic, but was never in confinement. B. E. had had delicate health. She had rheumatic fever in her childhood, and had been subject to headache since. She was of irritable disposition; "the least thing preyed upon her mind." She had always been an industrious, sober, thrifty wife, and a perfectly respectable person.

About two months prior to admission, the patient was walking home with her mother, when they were stopped in the street by a man who accused B. E. of having robbed him. He said that she accompanied him home one night, and passed the night with him; that she rose early on the following morning, robbed him of all his clothes, and then locked him in to prevent pursuit. The man attempted to give her in charge, but the policeman, to whom she appealed, refused to arrest the patient. The man then demanded her address, which she gave; and from that moment she began to be greatly distressed in mind, and was "in a constant state of terror". She soon became very desponding; had numerous fears and apprehensions; began to neglect her house and children; was confused, forgetful, and abstracted in mind; "would often forget to dress the dinner". Her state of alarm increased daily. She next began to say that she saw "the man" (meaning her accuser). She saw him at all times of the day. Then followed illusions of the other senses. She complained of various smells—of the fumes of sulphur; said that the house was full of gas; that poison was in her food. By the end of the second month, she became unmanageable. One day

she rushed at the window, and endeavoured to precipitate herself out of it. She broke the window-sash; and it was as much as they could do to hold her. She became very noisy; raved; screamed "murder"; became very excited and very violent. She was always much worse at night. For one week prior to her admission, she never slept at all—"never closed her eyes". For six days she refused all food, declaring that "they wanted to poison her". During the daytime she was quieter and more morose.

She was admitted on the sixtieth day, and remained under observation till the 150th day. In this period, she improved in the state of both mind and body. The prominent features of her case exhibited in the asylum were, briefly, depression, illusions respecting smells, irritability of temper, and occasional outbreaks of violent conduct or language; but nothing that would remove the case from the category of melancholia. The patient's well-doing was much interfered with by her very ignorant husband. Nothing would make this man believe she was not quite well, because she talked coherently, and her memory was unaffected. At his visits, he repeatedly raised the question with her of unjust detention, etc., in mad-houses. She was so much irritated, that it became necessary, for the poor woman's sake, to make choice between absolutely forbidding his visits to her, or risking her condition by a premature discharge. She was so far improved, that the latter alternative was adopted; and she was allowed to leave the asylum for one month, on trial, on the 150th day of treatment. At the expiration of the month, she refused to return. She was sent for, and resisted at first, but soon yielded; and on the following day she expressed regret at having refused. After her return, a marked alteration was observable in her state. She now had an illusion connected with the sense of hearing. She said that she heard voices under her bed. She continued to have occasional outbreaks of violence. Several times she used very threatening language to myself, demanding her liberty, and working herself into violent paroxysms of rage, which terminated usually by fits of crying. There was now nothing which could be called depression of spirits about her, as formerly. There existed no morbid fear or dread. On the 196th day, the husband again interfered, and removed his wife out of the asylum, by giving an undertaking, as provided by the Lunacy Act, that she should no longer be chargeable to the parish, and that she should be prevented from doing injury to herself or others. He was strongly advised by me against this course. The magistrates exercised their privilege, and discharged the patient, which they are fully empowered to do. This occurred in July. On June 22nd of the following year, she was, notwithstanding the undertaking, readmitted; and the following information was given by the husband.

On leaving the asylum, they went to live in the same house as her sister. She was very well, according to his estimate, for the first month; after that, she began to say that there were people on the top of the house, and that she would shoot them—she heard them talking. She endeavoured to get out on to the roof. She attended to her housekeeping, but was a little forgetful; would place things in wrong places; would put wearing apparel, knives, forks, saucepans, etc., together. She frequently went into her sister's apartments, and accused her of various things, and often abused her. She became pregnant in September. At first she ate and drank well, and improved in health. She wanted extravagant dishes, and wasted her money foolishly. She for some time wanted to assault the street-criers. She said that they were "crying things about her". One night, she rose and

endeavoured to batter down the partition-wall, saying that there were people concealed there. She gradually became worse and worse. She took offence at the pictures hanging on the wall. She became violent towards her husband, and threatened his life. She took a poker to him on one occasion, and on another attacked him with a knife. For about the last three or four months her dangerous attacks increased, and were directed against every one. She accused her child—a little girl of seven years—of going with debauched characters. "She knocked the children about" frequently. They (the husband and wife) were turned out of lodging after lodging, on account of her violence. Her mother was at last afraid to come near her; and the husband was in constant fear of his life. She accused her family of wishing to poison her; took her food to the chemist to be analysed; and frequently refused to eat. She continually complained of bad smells, as of sulphur or gas; and frequently would not go to bed, unless the windows were left open. On several occasions, she wanted to go elsewhere to sleep. Lately she became erotic, and had illusions or delusions that she was ravished in her sleep, and accused her husband of conniving at it. In May, or in the tenth month after her removal from the asylum, she was delivered of a child, and became still more excited and violent. She threw the infant on the floor. She attacked the nurse, and at length was removed to the workhouse, and was very shortly brought back to the asylum.

Her condition on admission was that of a very dangerous and violent lunatic. She was very abusive, using also obscene language. She frequently struck; scolded, stormed, raved, and had become very incoherent in her language. She slept little. Her bodily health has improved since her return to the asylum.

This case is selected as an illustration of the transition of melancholy into mania. The symptoms followed each other in the order which I have pointed out in previous papers; viz.: 1. Symptoms connected with the feelings, and especially a stage of depression of spirits, apprehensions, fears, etc.; 2. Anomalies of the perception, or illusions; as foul smells, tastes, then hearing of voices; 3. Alteration of the intellect, as delusions, or false belief in the existence of persons concealed; the case terminating in confusion of ideas and incoherence. The motility was, for the most part, actively excited throughout; even in the state of depression, she was disposed to be violent.

The last point worthy of note is the passing of the case into what would be called by most physicians in England chronic mania, from a state which no one would have hesitated to call melancholy in its first stage.

[To be continued.]

## ON DIPHTHERIA.

By J. WEST WALKER, M.B.Lond., Spilsby, Lincolnshire.

[Continued from page 553.]

*Treatment.* I now approach the last and most important test, by which the truth or otherwise of the proposed theory of the nature of diphtheria is to be tried. Having endeavoured to show how the various questions arising on the subjects of diagnosis, prognosis, etiology, and contagion, admit of more satisfactory solution, all that remains to me is, to inquire whether, by adopting such a theory, treatment can be placed on more rational bases. Since unity of disease naturally tends to uniformity of treatment, while diversity suggests diversity of remedies, at the first blush, we appear somewhat as losers by the change proposed. If, however, in any particular epi-