Homoeopathic 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 homoeopathic practitioner, of the character described 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 Phaenopt.)

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. Sanket, M.D.Lond., Sandywell Park, Cheltenham; late Medical Superintendent of the Female Department of the Hanwell Asylum.

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; but the least thing may afford stimuli to the other hand, many of the cases which are called melancholic pass into a stage of manic 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 manic 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 her occupation. She had had delicate health, and had been subject to headache since. She was of irritable disposition; the least thing preyed upon her sensibilities, and 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

[To be continued.]
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 wildly excited, and murdered, or attempted to murder, several people in her vicinity. She 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 talked coherently, and her memory was unaffected. At his visits, he repeated the question with her of unjust detention, etc., in madhouses. She was so much irritated, that it became necessary, for the poor woman's sake, to make choice between returning her to the workhouse, and 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; and was sent for; 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 she heard voices under her bed. She continued to have occasional tempests of rage, and occasional breaks 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 could be sufficient to depress her 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 madhouses. She was so much irritated, that it became necessary, for the poor woman's sake, to make choice between returning her to the workhouse, and 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; and was sent for; 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 she heard voices under her bed. She continued to have occasional tempests of rage, and occasional breaks of violent paroxysms of rage, which terminated usually by fits of crying. There was now nothing which could be called delirium. 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 others. He was strongly pressed by me against this course. The magistrate exercised his 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 leave 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 frequently expressed a desire 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 inspectors' inquiries, and became very 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 at a child, whom she refused to take care of. 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 streaked; 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, or delusions, of fear of driving injury to herself or others. He was strongly pressed by me against this course. The magistrate exercised his 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 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 disease, 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-