Regulation of the bowels and attention to diet are, of course, very important auxiliaries.

In the treatment of the second, or gastric variety of facial neuralgia, the duration of the complaint is, I believe, often much prolonged by the too early exhibition of tonics, especially quinine. I have so frequently seen the pain, which had been agonising, subside so unmistakably upon the withdrawal of the quinine, and the substitution of an antacid digestive mixture, that I have no misgivings in jotting down this hint as one to be borne in mind. An useful formula is the following (*Lond. Phar.*):

℞ Potassæ bicarbonatis ʒiss; potassæ nitratis ʒss; tincturæ hyoscyami, spiritûs ammoniæ aromat., ā ʒij; ætheris chlorici ʒj; misturæ camph. ad ʒvij. M.

One sixth part to be taken three times a day.

With this, I give compound rhubarb pill at night; regulating the diet, and directing sherry (with water) to be substituted for malt liquor.

The case of hemicrania was a very severe one, resisting for a long time all remedies. It yielded at last, however, to arsenic and cod-liver oil.

The sciatica cases were also severe in character, and somewhat obstinate. In them, I certainly saw great benefit accrue from the purgative formula of (I believe) Mr. Hancock, of Charing Cross Hospital.

℞ Olei tiglii ♏j; pilulæ colocynth. comp. gr. viij; extract hyoscyami, pilulæ hydrargyri, ā gr. iv. M. Make four pills.

Two of these pills are to be given every second or third night, so as to ensure free purgation. This plan of treatment is certainly valuable. Of the direct tonics, provided the stomach be in a condition to receive them, the most efficacious will be found to be the sesquioxide of iron, in drachm doses, with cod-liver oil. I have seen benefit also from the extract of stramonium, in doses of half a grain, increased to one grain, every four hours. Guaiacum sometimes does good; but very frequently it fails. If a syphilitic taint be suspected, the iodide of potassium, with the bichloride of mercury, will be the proper remedies. Large blisters along the course of the nerve often afford much, and permanent, relief; and I have seen the hypodermic injection of a solution of morphia relieve the pain almost instantaneously. The cases giving rise to these notes having been purely functional, I do not here include such as depend upon the pressure of a tumour or a portion of necrosed bone. In forming a diagnosis and prognosis, however, this should not be lost sight of.

3. *Chorea.* The disease next in frequency is chorea. The cases treated as out-patients have not been severe; as the only two aggravated instances were advised to become in-patients, and were admitted as such.

One case only deserves a passing remark, inasmuch as the disease was confined to the muscles of the face and neck, the extremities being unaffected. In this patient, the eyes blinked continually, and the mouth, when opened, was closed with a sudden snapping motion. The head also, at the height of the attack was twitched continually towards either shoulder.

In the treatment of a case of chorea as an out-patient, the great obstacle lies in the difficulty of ensuring a diet sufficiently nutritious, with the additional stimulus of wine. These are remedial adjuvants of such importance, that it is thought by some practitioners that, with a nutritious diet, with wine, medicine, if necessary at all, plays but a very secondary part in the treatment. I have been so well satisfied with the result obtained from arsenic, that I have entirely depended upon Fowler's solution in the treatment, provided merely that the digestive organs be not disordered, nor the bowels much confined. Occasionally a blister to the nape of the neck will be found of signal service.

4. *Epilepsy.* The cases of epilepsy that have presented in the last two years among our out-patients have been fewer in number than have obtained in previous years. Two of these cases have been functional only, depending upon the period of puberty in both sexes.

In the treatment, if the attack be slight, I have been satisfied with the application of a blister to the nape of the neck. If, on the contrary, the disease be of a severe character, and the fits of frequent occurrence, I believe that no remedy acts with such good prospect of success as a seton at the same spot.

Of medicines given internally, I think that I have seen decided benefit follow the use of the bromide of potassium, in doses of five grains, increased, if necessary, to ten grains, three times a day. With this may be combined the ammoniated tincture of valerian. Steel, zinc, and arsenic, in the milder cases, are also valuable remedies. The beneficial effect of nitrate of silver has, I think, been much overrated. It must be borne in mind, however, that, in uncomplicated epilepsy, every new remedy for a time appears to do good.

The diet should be nutritious, with wine rather than malt liquor; and all over-fatigue, with mental excitement, strictly prohibited.

[*To be continued.*]

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. Sankey, M.D.Lond., Proprietor of Sandywell Park Private Asylum; Lecturer on Mental Disease in University College, London; late Medical Superintendent of the Female Department, Hanwell Asylum.

The course of these papers having been unavoidably interrupted, it becomes necessary to recapitulate the argument which the illustrations were intended to support. In the first papers, Melancholy was described; first, in its most simple form; next, with intellectual disturbance; then, with prominent motor symptoms—that is, in some cases with restless activity of motion, in others with a fixed and semi-cataleptic inactivity. After that, cases of Mania were given; and it was shown that, as a rule, all cases of acute mania commence with a melancholic stage—that the states of melancholy and mania run imperceptibly together, so that there is no evidence of any pathological difference between these different forms of insanity.

That a stage of melancholy ushers in a very large proportion of all cases of insanity is beyond question. It is the commencement as well as the chief portion of those attacks, to which the name of Melancholia is given; and we have seen that it also ushers in typical cases of mania. That every variety of mental disease has a primary melancholic stage has been doubted and denied. The question is an important one on many accounts; and therefore I have analysed all the new cases that came under my observation during the year 1863 at Hanwell, excepting the cases of general paralysis, epilepsy, and idiocy. I find that there were 198 admissions; and of these 32 belonged to some form of mania. The history of the disease was complete, however, in only 18 of these 32; and there was a distinct and well marked premonitory stage of melancholy in 13, and none in 5 only.

These five cases, without a melancholic stage pre-

ceding the evidences of mania, resembled each other in many other points. 1. None of them were primary attacks of insanity. Hence we may draw this inference, which is corroborated by all my experience, that all primary attacks of mania (proper) commence by melancholy; and the converse—viz., that where an outbreak of maniacal violence takes place in an individual without a previous stage of melancholia, such individual has been insane before. 2. These five exceptional cases commenced suddenly. 3. They exhibited great violence for a short period. 4. All recovered; and on recovery all denied having been ill, and dwelt much on the injustice of their detention or incarceration. 5. It is curious—but whether it is an accidental coincidence or not I am uncertain—that three out of the five (and these were all females) stripped themselves naked when first taken.

These cases certainly have characters of sufficient constancy and distinctness to enable us to predicate their future progress; I am not convinced, however, that they constitute in themselves a separate form of disease, or a distinct species.

I know of nothing which marks their character—for example, in the first onset, or in the primary attack. I am not aware of any diagnostic mark which would enable one who witnessed the primary attack to prognosticate that the patient would be liable to repeated secondary attacks of the disease. Nor does my experience enable me to say whether the primary attack is invariably accompanied or not accompanied by melancholic symptoms. This is a point which remains for future inquiry.

If we admit this form of case as distinct, it is nearly the only one out of the multitude of variations which have received distinctive appellations to which I would yield the same distinction.

In different authors, one meets with an almost innumerable variety of forms of insanity, on which separate names have been bestowed. The confusion thus introduced into the subject becomes perplexing in the extreme. Guislain thus commences his ninth chapter: "Vingt-trois formes de manie, sans compter plusieurs formes composées non indiquées, voilà, me direz-vous peut-être, une bagage symptomatologique passablement lourde pour la mémoire." (P. 203.) Before proceeding with the illustrations of distinct forms, it becomes necessary here to explain of what these so-called varieties consist. From a careful examination of all these variously named kinds of mania, I think it will be found that they belong to one of the three following classes.

1. Certain so-called forms will be found to consist of cases in which one particular symptom has been perhaps rather more prominent than the rest; as, for example, cases named kleptomania, erotomania, nymphomania, oinomania, homicidal, suicidal mania, etc.

2. Another large section of these varieties are named from some presumed cause of attack, such as puerperal mania, hysterical mania, phthisical mania, mania *a potu*, none of which have very distinctive characters, according to my experience.

3. Varieties have been formed out of what really are only stages in the progress of insanity. The cases hitherto narrated have all belonged to the acute stage of the disease. The morbid processes, in entering upon the chronic stage, undergo certain modifications in their downward progress. The disease may subside gradually, or it may alternate between activity and inactivity; and it may ultimately cease altogether, but leave the mind in one case enfeebled only, in another nearly annihilated. Out of these progressive stages, more kinds of insanity have been formed.

1. In the worst condition, the patient is demented—imbecility, dementia.

2. In another set of cases, the morbid process appears to terminate, but leaves the mind permanently changed in some peculiar function; as a particular delusion remains, an alteration of disposition, or an eccentricity in habits, etc. Most English writers would call this a state of chronic mania. In France, it constitutes what they call monomania; and some writers have coined names for almost every sort of eccentricity of conduct or behaviour met with. "There is a mania," writes Guislain, "which I call *manie astucieuse, malicieuse*, which resembles this foregoing (*manie raisonnante*), but which presents phenomena of marked character. The patient is guided by a spirit of intrigue; he is a cheat, a sharper, an intriguer," etc.

3. The downward progress in certain cases is not uniformly progressive. The patient, on the whole, declines towards dementia; but periods of activity—flickerings of the morbid process—occur. Thus the chronic mania may be subject to occasional outbreaks of violence—to a recurrence of the acute symptoms generally; and these attacks take place at completely irregular or at more or less regular intervals. We have the following modes in which this may take place.

1. The patient is subject to occasional outbreaks of violence and excitement; but a constant and progressive increase of imbecility goes on.

2. The patient's condition alternates between a state of general depression and one of great excitement. (This form is called *folie circulaire* by French writers.)

3. The patient has repeated attacks, of two or three months' duration every year, for many years consecutively; not entirely recovering sanity in the interval, but free from depression. These cases are what have already been alluded to as recurrent mania.

In the next paper, a few observations on these variations of the symptoms will be considered.

NOTE ON LARYNGOSCOPY.

By George Johnson, M.D., Professor of Medicine in King's College.

It is common to meet with persons who, having had no experience in the use of the laryngoscope, are sceptical as to the possibility of examining the larynx without difficulty, and, in particular, without occasioning considerable annoyance to the subject of the examination. In illustration of the facility with which, in the great majority of cases, the larynx may be inspected, I beg to narrate the following occurrence.

A few days since, after lecturing to my class at King's College on the Use of the Laryngoscope, I announced to them my intention of first showing them my own larynx, by the simple process which I have described in my published lectures, and then I requested that twelve of my pupils would submit to a laryngoscopic examination, with a view to ascertain in what proportion of cases the larynx could be inspected without difficulty.

Accordingly, twelve gentlemen presented themselves; and the result was, that in eleven cases I at once got a complete view of the larynx by a single introduction of the mirror; while in the twelfth case a large and rather nervous tongue somewhat interfered with the examination, and, after three or four attempts, I got only an incomplete view of the larynx.

The whole process of demonstrating my own larynx, and inspecting the larynx of twelve members of my