bodies in the eye that cast their shadows on the retina, and that they are far back in the posterior part of the eye, almost in contact with the retina. As a consequence, this upsets the theory of pressure on the retina by varicose vessels causing them; but it does not invalidate the supposition that certain parts of the retina may be so pressed on, and rendered insensible, causing the loss of function to be manifested in fixed spots, or black disc that have not the motion, and other characters of muscæ.

I have not, so far as I remember, been able to detect moving bodies in the vitreous humour; but, in connection with other internal disease of the eyeball or defect of sight, I suspect that ordinary muscæ are too minute to be seen with the ophthalmoscope. It is becoming a prevalent idea that they may always be found if looked for. It is a fact which cannot be accounted for, that floating bodies in the vitreous humour are not always seen by a person, and that the perception of them varies.

Effusion of Blood in the Vitreous Humour is another newly recognised state. It is most threatening when extensive, because vision is quite obscured, and the eye to all appearance lost. It is nearly always impossible to trace the source; but, I presume, it must generally be from retinal vessels. It may be traumatic or idiopathic. The first is the rarer, and the amount of hæmorrhage bears no direct relation to the severity of the accident; a mere tap on the eyeball may produce as much internal bleeding as a smart stroke; and I shall presently shew that a blow about the region of the eye only, may cause intra-ocular hæmorrhage. The second, the idiopathic variety, may, like the first, be unaccompanied by any external sign whatever; indeed, only now and then is there associated redness of the surface of the eyeball. The subjective symptoms, by no means always present, are flashes, corruscations, combinations of colour, and spectra. The actual condition, therefore, the diagnosis, cannot be known, except by the ophthalmoscope. In partial effusion the clot may be seen in the always more or less hazy vitreous humour. But the whole of the interior of the eye may be so darkened that no illumination can be obtained. I do not know how much blood is needed for this. Among the idiopathic cases the worst have occurred in eyeballs long subject to chronic inflammation, and the hæmorrhage has quite destroyed the sight. Two of my patients lost their eyes in this way in the night. I have known recovery ensue many times when there has been so much effused, that I could not illuminate the eye; and I do not give a decidedly unfavourable prognosis, except there preexisted disease of the eyeball.

In the first case that I met with, I suspected the eye to be lost, but complete recovery ensued. A gentleman in good health and with, as he thought, perfect eyes, perceived large soot-like bodies floating before the left eye. There were occasionally coloured clouds. He at once came to me. In a cloudy vitreous humour I saw the extravasation. There was no other objective symptom. I saw him two days after, and the vitreous humour was quite obscured. At the end of five weeks he could read any type, but was a little interrupted by some floating shreds in the vitreous humour, temporarily obscuring the type. A few weeks later his sight was quite restored, and I could not detect any abnormal ophthalmoscopic appearance whatever.

I will give the particulars of another case that occurred in the practice of my colleague, Mr. Taylor, and closely watched by him. Through his kindness, I saw the patient twice.

Mr. C., an artist, aged 30, applied to me for advice last February. A few mornings previously, on commencing work, he found that the sight of the right eye was obscured, to use his own words, "by various forms of dense matter, like those produced by blood dropped in water, or wreaths of blood coloured smoke, the denser parts of which, when looked at against a strong light, appeared of a brilliant brown red." About two-thirds of the field of vision were totally obscured, the lower third being of a pale green colour, through which he could discern objects "with tolerable distinctness". During the following two days, the obscuration extended over almost the whole field of vision, and the colour of the wreaths deepened to black centrally. His written description was accompanied by a beautifully executed water-colour drawing of the spectrum. Though his health is generally pretty good, yet at the time his strength was rather reduced by over-work at his profession; he had had several slight attacks of bleeding at the nose, and had a bad cold and cough. The external appearance of the eye was perfectly natural. With the ophthalmoscope it was impossible to distinguish the fundus of the eye, the vitreous humour being of a dense grey or smoke colour; here and there only a faint red

tinge could be perceived. As the eye moved, numerous small spots and filaments were seen floating across the pupil. In about three weeks the optic disc could be seen dimly, as through a fog; soon after, the retinal vessels could be distinctly traced, and a small dark red spot, the source of the hæmorrhage, was seen on one side. The improvement was now rapid; and a little more than two months from the seizure, the sight of the eye was completely restored, though it was apt to become dim after a few hours work; and a few floating filaments could still be seen in the vitreous humour with the ophthalmoscope.

[To be continued.]

Original Communications.

SCROFULOUS DISEASES OF THE EXTERNAL LYMPHATIC GLANDS:

THEIR NATURE, VARIETY, AND TREATMENT.

By P. C. PRICE, Esq., Surgeon to the Great Northern Hospital; the Metropolitan Infirmary for Scrofulous Children at Margate; etc.

I.—INFLAMMATORY CONDITIONS OF THE EXTERNAL LYMPHATIC GLANDS IN SCROFULOUS SUBJECTS.

[Continued from page 578.]

Simple Subacute and Chronic Inflammation. Inflammation of a low insidious form, attacking the external and internal lymphatic glands in scrofulous constitutions, is of frequent occurrence at all periods of life. In many particulars, it differs from the more active inflammatory lesions which were lately described. It is met with both as a primary and secondary affection, furnishing, I believe, the greatest proportion of so-called transitory *scrofulous swellings* of the neck, abdomen, and other parts; and may be most advantageously considered under the following heads:—

Firstly. When it occurs as a specific affection, and is apparently confined to the lymphatic ganglia situated on the external surface of the body.

Secondly. When it involves the external glands, as a consequence or accompaniment of various scrofulous affections.

Thirdly. When it affects internal lymphatic glands, such as those of the intestine, mesentery, etc.

The former two divisions of the subject will be now considered; the latter meeting with attention at some future time, when discussing the various abnormal conditions of those glands which are situated within the cavities of the body.

1. All the absorbent glands situated on the exterior surface of the body exhibit a greater or lesser tendency to assume certain specific forms of slow limited inflammatory action; and, although such conditions are not always the direct result or accompaniments of a well marked scrofulous diathesis, still they are very frequently closely associated with some such constitutional taint. When a merely simple, slight inflammatory enlargement of the absorbent glands occurs without any very apparent complication, and with little or no distress, either local or general, it is not always easy to decide whether the derangement is the direct result of external agencies, an inherent disposition to disease, or systemic irregularity.

Some authorities have doubted the possibility of the absorbent glands becoming idiopathically affected. The late Professor Thomson of Edinburgh believed that all chronic inflammatory swellings of the lymphatic glands in scrofulous subjects were symptomatic, and arose from irritation in parts not glandular. On the other hand, Dr. Henning strongly maintained that atmospheric irregularities were, if not the sole, at least the chief sources of derangement of the glandular system, which was *always* the primary seat of scrofula; and that, if other parts of the body were affected, it was but as a consequence. Cullen and other acute observers freely admitted a peculiar constitution of the lymphatic system, and imagined that it not only predisposes to various derangements of the glandular portions, but actually allows a development of certain idiopathic phenomena. Such an opinion is, perhaps, still to be justified on the ground that, while our knowledge of the nature and causes of diseased actions is materially advanced, we are yet frequently compelled to allow that a large proportion of

cases of chronic glandular enlargement are to be met with, in which no perceptible cause can be discovered, save one of a more or less constitutional character.

The conditions we are now considering are most common to the glands situated in the neck and face. Both the superficial and deeper sets are alike the subjects of the affection, but those most superficially placed seem to be more susceptible. The earliest evidence that arouses the suspicions of the patient or surgeon to the existence of this form of glandular disturbance, is an increase in the size of the affected glands. This increase is not, however, usually accompanied with any great degree of pain or local disturbance, provided there exist no direct inflammatory process. Little attention is, therefore, attracted to the change that is taking place; for the enlargement may be strictly confined, at first, to merely one or two of the glands, and, under favourable conditions, may subside or suddenly cease. Where the specific action, which has caused the increase in bulk and size, is arrested, the gland or glands either remain permanently enlarged, or else gradually resume almost their original dimensions. A removal of the morbid action may again cause similar enlargement; but on this, as well as on all subsequent occasions, the resolution becomes more tedious and imperfect.

When the superficial glands of the neck are included, the number affected is, I am inclined to believe, less than when those more deeply seated are involved, and the cause of their implication is more liable to be referred to external impressions.

Whatever portion of the lymphatic system is included, each individual gland affected may enlarge from the dimensions of a pea to that of a small orange. This accession of bulk may be more or less rapid, and accompanied with an amount of disturbance proportionate to the nature, extent, and cause of the originating mischief.

When the glands of a scrofulous subject—the cervical, for instance—are suddenly affected by exposure to cold and wet, it is not unusual to find them, during the space of a few days, or even a single night, enlarge without any sensible increase of inflammatory symptoms. Such enlargement, independent of pain, is to be attributed, in a great measure, to the naturally free and loose connexions of the glands. Let, however, those more deeply placed among the large nerves and carotid vessels become similarly affected, and it will be found that very frequently pain, or, at any rate, something more than uneasiness, will be experienced.

The most serious consequences occasionally ensue from the great size which the deep cervical glands attain. The inconvenience that arises solely from pressure on important parts is sometimes imminent, and accompanied with the most harassing symptoms. Instances are well authenticated in which fatal results have occurred from extensive enlargement of these ganglia, owing to the pressure they have exerted on the œsophagus, trachea, nerves, and large carotid vessels.

When one or more affected glands have arrived at a certain size, the irritation, combined with the irritability of the system, may produce various changes, either in the true glandular structure or in the neighbouring cellular tissue. When such result, it may be that softening of the gland ensues, and admits of suppuration, or else an abscess forms in the cellular parts. In either case, the skin soon partakes of the unhealthy disturbance, and readily admits of ulceration. Should the scrofulous habit of body be strongly developed, it is more than probable that the gland may exhibit undoubted evidence of more marked scrofulous or even tuberculous degeneration. It is rare, however, for glands included in simple chronic or subacute enlargement to suppurate, unless under peculiar circumstances; but the formation of abscess, external to the affected gland, is of more common occurrence, and may arise from simple irritation, or the accession of constitutional causes. It is not unusual to see an entire chain of simply enlarged glands, and only one or two taking on an increased inflammatory action. I have, at the present time, a patient under my care exhibiting this special feature. Several of the superficial cervical glands are much enlarged, and have been so for months, but exhibit no disposition to become inflamed, except one situated in the centre of the neck, not larger than a very small walnut, which has softened, and will probably suppurate. There is no reason to suppose that in this instance the destructive process is due to any morbid disposition, but simply to the accession of increased irritation. On the other hand, enlarged glands may exist for many months, or even years, influenced in size by variations of temperature and systemic irregularities, without exhibiting any tendency to destructive inflammation.

This is well instanced in a little boy who is constantly under my notice, on account of many permanent cervical swellings, which cannot be made to yield to any kind of treatment, either local or constitutional. The child is in good health, and appears to suffer but very slight, if really any, inconvenience from the increased size of the glands. The affection, moreover, appears limited to the glands situated in the neck.

What will be presently more insisted on, though now worthy of passing remark, is the peculiar sensation which is afforded to the touch when a manipulating examination is made of this kind of glandular enlargement. In general, the affected glands, especially if of recent and tardy growth, exhibit a soft, semi-elastic cushiony feel. They roll about when slight pressure is made on them by the point of the finger, which movement is permitted by reason of the loose manner in which they are connected with the cellular tissue. They are traceable under the skin, when of moderate enlargement, not only by the touch, but by the undulations to which they give rise along the free surface of the neck. The glands situated in near proximity to the lower jaw appear to be more susceptible of subacute or chronic swelling than those occupying other localities, and, when associated with disturbance of otherwise placed glands, are generally the last to subside.

No age is free from this form of glandular enlargement; still, the period of life at which it is most generally met with may, it would appear, be fixed between the years of five and eighteen, although it is very commonly met with in mere infancy, and not unfrequently in advanced manhood. My own statistics would lead me to the belief that it is more usually encountered, during the earlier years of life, in males than in females. Of fifty cases which I have tabulated of simple chronic inflammatory enlargement of the cervical glands, occurring in children from the age of 3 to 16 years, 33 examples were in males, and 17 in females. I cannot offer the same correct statistics of cases occurring in more advanced life, but my impression, judging from those I have collected, would show the same or nearly analogous disproportion.

2. Under the second division must be classed the majority of cases of externally situated absorbent glands which become affected by a slow subacute or chronic inflammatory action, as a direct consequence of some neighbouring specific irritation, or as an accompaniment of certain varieties of scrofulous diseases. The glands of the neck pre-eminently exhibit the greatest tendency to take on such disposition, and are usually associated with certain well marked peculiarities, which at once leads to the suspicion that a more or less general scrofulous tendency exists. When such condition obtains, as the direct result of local irritation, the cause, especially in young children, will be found to be very commonly dependent on certain affections of the hairy scalp, face, and other parts; muco-purulent discharges from the eyes, nose, and ears; and irritation produced by teething. In such instances, the glandular complication will, as a rule, prove to be secondary; for, on inquiry into symptoms, it will not infrequently be discovered that the lymphatic swellings commenced after the appearance of the affections of the scalp or other parts. Moreover, the removal of the apparent cause, in such cases, at once allows subsidence of the glandular enlargement, oftentimes so rapidly as to destroy all doubt on the question.

Although for description the glands of the neck have been selected, yet those of other localities are prone to become similarly affected. It by no means follows that the glandular portion of the lymphatic system immediately associated with the local source of irritation is always involved, to the exclusion of more distant parts. I have constantly known the glands of the neck to be in a state of irritation when remote parts were harassed, and I always bear this fact in remembrance when seeking for the cause of glandular implication. But slow chronic enlargement of the external glands is commonly detected as an accompaniment, or, in other words, as a more or less direct manifestation of distinct scrofulous disturbance; and although, through the whole or greater part of the period of growth, the affected ganglia may exhibit no other morbid condition save what appears to consist of a modified chronic inflammatory increase in size, yet undoubtedly this must, if not as a rule, at least commonly, be regarded as a decided scrofulous manifestation. The correct appreciation of this condition is oftentimes difficult; but it is imperative, for on its correct discovery, in a great measure, depends satisfactory treatment. With almost any truly scrofulous disease, this condition of the glandular apparatus may exist. I have frequently examined the bodies of the victims of scrofula in various forms, and found many portions of the lymphatic system affected in no other way except

in that now under consideration, although some portions of the absorbent ganglia have been strictly tuberculous. The general observations already offered regarding the frequency, etc., of this form of enlargement, under a different phase, are equally applicable to that now under consideration; while the various pathological changes which are apt to ensue at the different periods at which the affection makes its appearance are, as will be presently explained, dependent on various circumstances, both constitutional and local.

[To be continued.]

ON SOME OF THE DIFFICULTIES IN THE DIAGNOSIS AND PROGNOSIS OF MENTAL DISEASES.

By C. M. BURNETT, M.D., Alton.

[Read before the Reading Pathological Society, May 3rd, 1860.]

IN bringing before your notice some of the difficulties that beset the path of the psychopathic inquirer, my object is not to enter generally into the subject of diagnosis and prognosis in the study of mental diseases, but to draw your attention more specially to some points on that subject which, I think you will consider with me, are of some practical importance. I have no doubt all those I have the pleasure of addressing are equally able with myself to detect the presence of the ordinary forms of mental disease, as they present their characters to us in daily practice. The well marked cases of arachnitis, with their accompanying symptoms of delirium; the high exaltation, even to violence and noise, that marks the attack of acute mania; the sullen and unnatural depression; the dark suspicion, that points to the presence of the acute forms of melancholy,—are all easily to be detected by the aid of only a small share of that professional skill and experience now so generally distributed amongst the various members of that noble and intelligent profession to which we belong.

It is not on these general forms of the disease that it will be necessary for me to dwell, as we see them with their symptoms grouped together, in the ordinary cases of daily practice. My object is rather to take one or two of the more prominent signs of mental disturbance, and to follow those signs as they are to be observed in the various forms of mental disease, while I endeavour to point out those positions in which they should be watched with gravity and vigilance.

Standing prominently forward amongst a great variety of cases of more or less importance and interest, is that symptom which we all recognise by the term *delirium*.

In drawing your attention to so great and cardinal a sign as that which is comprehended under the general term of delirium, I must not omit to point out the importance of recognising the various shades and degrees of delirium so frequently attending not only the more active and acute, but also the more chronic and less prominent forms of mental disease. Bearing this in mind, we are greatly assisted in our power to recognise the position of the case; and when we bring to our aid another sign I shall presently have to dwell upon a little more in detail—viz., the pulse—we are often able to pronounce with almost prophetic exactness the future destiny of the case before us.

We do well to bear in mind that delirium, wherever it may occur, is only one of many signs which, when added to others, make up the particular disease to which our attention may be directed. It cannot, therefore, constitute a disease of itself. The question, whether delirium and insanity are identical, is therefore superfluous. No expression can be so vague and unmeaning as that of acute delirium. We may as consistently call inflammation of the pleura by the title of acute pain in the chest. But I need not tell you that the duration of a state cannot determine its essence. If, therefore, acute delirium is a disease, so must chronic delirium be. But we do not usually dignify any one symptom, however grave, by such a title. I dwell a little upon this fact, because, if we are not strictly accurate in our nomenclature, our destiny will certainly be to be drifted further and further from the truth. Writers on insanity, therefore, have not done wisely in asserting "that chronic delirium cannot exist, because chronic delirium is insanity". Chronic delirium does exist; but it cannot of itself, apart from any other symptom, constitute insanity. Such a belief only confuses the mind, and interrupts that general and comprehensive view we ought to take of delirium as a symptom spread over a wide range of cases, where, both in its acute and chronic character, it may be seen to mark prominently the features of the case.

Thus, as a symptom, it marks one of the distinguishing characters of acute arachnitis. It also forms a prominent symptom of acute mania. But these two diseases are well marked, and their distinction is not the less clearly pointed out by the peculiarity of the delirium to be observed in each. Thus it has been stated to be a diagnostic sign of the delirium of mania, that the patient can recollect all that has passed during his attack; while it is well known that, in the delirium of arachnitis, the patient recollects only in a slight degree a very few of the circumstances that have occurred in the course of the delirium. Yet if we take these two facts with us to the bedside, and try to make use of them there for our guidance, we are surprised to find how badly they serve us. And the reason is, that we expect to find either only the one form of delirium or the other. This, we presume, is clearly to be detected; or, if not detected, the existence of the two kinds of delirium in the same case is not suspected. Our mistake has been in not supposing that the two kinds of delirium may be present in the same case. We have hitherto supposed that, in natural disease, the symptoms which in our nosologies are put to define one particular form of disease, are of a different nature, and are never found blended with those of any other form. But the truth is, that the delirium of acute mania and the delirium of acute arachnitis may both be present in the same case; and it is the blending of these symptoms in mental disease that enhances the difficulty so greatly, and thus heightens the obscurity of our diagnosis. If we could, in every case of mental derangement that comes before us, be satisfied that there was no blending of the symptoms of these two very different kinds of delirium, we might with far less difficulty than we now experience, pronounce with confidence both the exact nature and the probable issue of the case. But those amongst us who have larger opportunities of observation and deeper experience of the mingling tendency of some of the most clearly marked signs of disease, know that the two kinds of delirium of which I am now speaking often become blended in the same case, thus producing doubt and confusion in the minds of those who are unprepared for such difficulties. But, having been prepared for these combinations, we find that, instead of producing confusion, they furnish us with a clearer and more trustworthy prognosis.

When these more complicated forms of mania present themselves, where the incoherence is deeper and more complete, we may generally calculate their duration with tolerable certainty. But whether the prognosis is favourable or unfavourable, is a point resting upon quite a different symptom, viz., the character and frequency of the pulse.

Now, before I proceed to illustrate these observations by cases taken from my own notebook and brought under my own eye, I must make a few remarks upon the pulse; for, without we bring the varied signs of the pulse under close and constant notice, we must be prepared often to be baffled in our diagnosis as well as in our prognosis. To pay diligent attention to the extent and fluctuations of the pulse, in all active cases of this nature, is truly the way to be provided with the most skillful method both of anticipating and of averting the fatal issue. The pulse is always accelerated in acute mania, at some period in the twenty-four hours more than at others. We may rest much of our prognosis confidently upon the pulse in such cases, if we bear in mind that the danger is indicated by the frequency in the return and duration of its acceleration. As long as there is a distinct subsiding in the frequency of the pulse, and which generally occurs soon after the active paroxysm has passed off, we may hopefully anticipate a favourable issue; and not unusually the disease is completely subdued within the fortnight, if wisely treated.

Rarely do you find, where there is real danger, the pulse as in other cases rising and falling with the paroxysm; but, on the contrary, you have a continuous and more or less accelerated vascular action; and this rule applies to the puerperal form of acute mania, as to the acute mania arising from other causes.

The late Dr. Gooch detected this character in the pulse of some of those affected by puerperal mania. He found "that there are two forms of puerperal mania—a hint he had already got from the manuscript notes of the late Dr. William Hunter. One of these forms was attended by fever, or at least the most important part of it, a rapid pulse; the other accompanied by a moderate disturbance of the circulation. It was those accompanied by a quick pulse that so frequently proved fatal." I have found this fact to be strictly correct, and have seen it practically verified. Never to my recollection have I found in such cases, where the quickness of the pulse was uninter-