rivets; three pieces of wound-up iron wire; an iron screw, an inch long; a brass image of a saint; part of the blade of a knife; and other articles; amounting in number to 100, and weighing about twenty ounces. It will be necessary, in cases like those to which I have been referring, to ascertain whether the determination not to eat is the effect of such perversions or hallucinations of taste.

The time will only admit of my alluding generally to the importance, as a principle of treatment, of the administration of tonic remedies, active exercise in the open air, and to good and generous living. It is rarely necessary, in the treatment of insanity, to deprive the patient of animal food. Individual cases occasionally come under our notice, in which it is necessary, for a time, to enforce a farinaceous diet; but such is not often our duty. Among paupers, insanity is frequently cured by the free use of good animal food, and a generous supply of porter. Even when we are satisfied of the necessity of local depletion, it will often be necessary to give wine, and allow the patient a generous diet.

There are many other essential points in connexion with this important, this vast subject, which I am reluctantly compelled to pass entirely over. When I had resolved to bring this matter before the profession, I quite despaired, in the time allotted for one lecture, of being able to skim even upon the surface of the many deeply interesting points involved in the inquiry; but feeling—deeply, earnestly feeling—that, in relation to my own speciality, the subject of the medical treatment of insanity was of the first moment, of the most vital importance, to the profession as well as to the public, I did not hesitate in selecting this topic for one of my lectures, feeling assured that you would kindly make allowance for all imperfections, and generously appreciate the difficulties I had to encounter in concentrating in one short lecture a faint glimpse or shadow of a subject requiring for its successful exposition nine or ten lectures, equal in length to the one I have had the honour of reading this evening. I may have formed an extravagant and exaggerated conception of this subject, but I cannot close my eyes to the fatal consequences which have so often ensued from a belief in the incurability of insanity by medical means. In all grades of society, we witness the pernicious, the fatal, the disastrous effects of this dogma. We see it influencing the conduct of county magistrates in the architectural proportions, medical organization, and general arrangements of our great national asylums. We also perceive the consequences of the error operating in many of the private institutions for the treatment of the insane. Alas! are we not compelled to confess, that many asylums for the insane constitute mere places of detention—model prisons—and not what Government ought to insist upon making them—HOSPITALS FOR THE CURE OF THE INSANE, under the government of medical officers, well trained, by preliminary education, for their important vocation, acquainted with the philosophy of the human mind, and fitted by the character of their *heart*, as well as by their *intellect*, for the right performance of the solemn and responsible duties entrusted to them by the public and the legislature?

CASE OF

EPILEPSIA LARYNGEA SUCCESSFULLY TREATED BY TRACHEOTOMY.

By W. J. MACKARSIE, Esq., Clay-cross, Chesterfield.

(COMMUNICATED BY MARSHALL HALL, M.D., F.R.S., ETC.)

To the Editor of THE LANCET.

SIR,—I have always considered the case of Mr. Cane, published in my Croonian Lectures, as the most interesting and valuable in medicine; it preserved life threatened by the most imminent danger, and it has prevented all subsequent attacks of the direst epilepsy! Next to this, I must place the case I now forward you, of Mr. Mackarsie; the fits have hitherto been prevented, and the *mind*, which had been greatly impaired, and was further endangered, is recovering!

I am, Sir, yours obediently,

Grosvenor-street, Oct. 1852.

MARSHALL HALL.

38, Grosvenor-street, Oct. 3, 1852.

MY DEAR SIR,—I am expecting with deep interest your promised account of your case of epilepsy laryngea (I suppose I may term it), and tracheotomy.

Pray send me a detailed *history* of its commencement and progress; noticing particularly the different forms which it

assumes; the facts of trachelismus and laryngismus, &c.; the effect and influence of the tracheotomy—on threatening attacks if there have been any, and in preventing the attacks, &c. I wish particularly to know

I. The state of the face and neck, as to

1. Colour.

2. Tumefaction.

3. Turgescence of veins;

II. The state of the respiration;

III. The state of convulsions, &c., and their dependence on trachelismus or laryngismus; &c.

I shall have great satisfaction in publishing the case, first, in THE LANCET; and, secondly, in my next publication.

Excuse haste, and believe me, my dear Sir,

Yours, most truly,

W. J. Mackarsie, Esq.

MARSHALL HALL.

CASE.—Robert W—, aged forty, has suffered more or less from epilepsy for the last twenty years; he has been under the care of the most experienced of the faculty in Manchester and elsewhere, without deriving any benefit; he has within the last two or three years become much worse, having frequent fits almost every day, seldom passing two days without from two to three attacks; his mind latterly has become much impaired. Some months since I ascertained from his wife all the symptoms, and every minutia connected with the case:—When first attacked, evident symptoms of laryngismus are first observed and heard; he is then violently thrown to the ground, and continues for some time in violent convulsions; but whenever he can *freely inspire*, the fits cease, leaving him in a comatose state for some hours; his face generally is of a dark-brown congested appearance. His appetite is good, and all the secretions perfect, and were it not for the fits, he would enjoy good health.—I recommended, as advised by Dr. Marshall Hall, of London, tracheotomy as holding out a fair chance of great relief, if not of a permanent cure. His friends consented, and on Tuesday, 24th of August, I operated. I found the neck *very* short, the space between the apex of the cricoid cartilage, and the upper part of the sternum measuring little more than half-an-inch. I commenced the operation (in the presence of, and assisted by two of our best local surgeons) by making an incision from a little above the apex of the cricoid down to the sternum, through the skin and fascia; on arriving at the sterno-thyroid and hyoid muscles, I found them very prominent; the small vessels in the vicinity much engorged and enlarged, and more numerous than natural, the operation being much impeded by free oozing of blood. On separating the muscles from the mesial line, we found that before the trachea could be reached and cleared so as to apply the “trachéotome,” we had to go to a very considerable depth. After much trouble, we retracted the parts sufficiently to admit the point of the instrument, which answered the purpose most beautifully, and will, I have no doubt, in all cases supersede the older mode of opening with the bistoury.

August 25th.—The patient has passed a comfortable night, a large quantity of mucus having passed through the tube.

26th.—Not so well; the patient has been hot and feverish, and passed a restless night; tongue furred; pulse 100; a large quantity of mucus passing through the tube. No fit.

27th.—Rather better; bowels rather confined; pulse 100, full and hard. Colomel eight grains, scammony powder ten grains. No fit.

28th.—Improving; tongue still furred; mercury with chalk three grains, rhubarb two grains, night and morning; bowels acted freely.

29th to 31st.—Continued better till this afternoon, when violent hæmoptysis took place, but had ceased before I arrived.

September 1st.—Better; wound healing, appetite improved, and altogether in a favourable condition; still no return of the fits. In the evening a violent return of hæmoptysis. I examined the lungs, and found the left lung congested, dull on percussion, and the respiratory murmur feeble. I ordered the left side to be freely leechéd, &c.

2nd.—He has passed a comfortable night; no return of hæmorrhage; expectorates bloody mucus; wound healthy; dulness on percussion not so marked, respiratory murmur more audible.

3rd.—Rather better; still bloody expectoration; ordered twelve more leeches, &c.

4th.—Better; has passed a good night; pulse 90, soft; chest much improved; tongue clean; bowels rather confined; expectoration much lessened, and not at all tinged with blood. Aperient draught.

6th.—Continues better; pulse 75, soft; respiration free; dulness on percussion quite gone; bowels open; tongue clean; appetite improved; in all respects going on now most favourably. *No return of fits.*

He gradually went on improving till the 20th, when he had a severe attack of bilious vomiting, the irritability of the stomach being very obstinate; but with occasional doses of calomel and opium, with a saline effervescing mixture, and hydrocyanic acid, he in a few days recovered.

28th.—Much improved complains, of weakness, and is much reduced in flesh. I ordered a generous diet.

30th.—To-day much better; walks out, enjoys his food, sleeps well, and is now quite recovered, excepting complaining of slight debility. He states he has not felt so well for many years. *He has had no return of the fits.*

One thing in this interesting case I must not overlook: he has had several symptoms, or rather attempts of the fits to return, but they have only lasted for a few seconds. Had the opening in the trachea been closed, I have no doubt that he would have had them as severely as ever.

His *faculties* since the operation have much improved, and I believe, in time, he will so far be restored as to resume his usual occupation.

38, Grosvenor-street, Oct. 4, 1852.

MY DEAR SIR,—I have received your most interesting and valuable case. I shall send our *correspondence* for the next LANCET, and your case for the next following.

What do you imagine was the cause of the hæmoptysis and pulmonary apoplexy? Did it ever occur before? Is there disease of the heart, or of the lungs? Your case will excite much deep interest here.

I much wish to know how the threatening of the attack proceeds. Does the air escape or enter by the tube? Do you manage the tube readily?

Excuse haste, and believe me,

Yours most truly,

W. J. Mackarsie, Esq.

MARSHALL HALL.

Clay-cross, Oct. 5, 1852.

DEAR SIR,—I this morning received your two notes, and hasten to reply to them as far as I can. I can only ascribe the hæmoptysis and pulmonary apoplexy to the patient's getting out of bed and sitting before an open window, thus inspiring the cold air through the tube, without its being in that state of warmth in which it is when exhaled through the mouth. He had never suffered from anything even symptomatic of such an attack before. I cannot detect any disease of the heart, though, before the operation, he used occasionally to complain of palpitation, but that has entirely subsided since. The lungs now are perfectly healthy.

As I observed to you in my last, there have been one or two threatenings of an attack, characterized by apparent confusion and slight giddiness, but these have passed off almost immediately, leaving no ill effects. There were generally, *prior* to the operation, the first symptoms of a fit, and his wife never knew them occur *but when succeeded by a fit.*

I have found no difficulty with the tube since the first few days; indeed, the patient's wife now regularly attends to its removal, cleansing, and re-introduction.

It may be well to observe, that *since* the operation the countenance has undergone a complete change: *prior* to it, it was swollen, congested, of mahogany appearance, similar to that of a person who has resided for many years in the tropics; now it has assumed a natural hue.

I remain, dear Sir, yours very truly, in haste,

Marshall Hall, Esq., M.D.

W. J. MACKARSIE.

P. S.—The patient had a paralytic stroke three or four years since, but had quite recovered before the operation. His faculties, which *before* the operation were much impaired, have *since* much improved, and, I am sanguine enough to believe, that they will in time be quite restored.

Clay-cross, Oct. 8, 1852.

MY DEAR SIR,—I can give no further information respecting my case, except that the patient continues free from fits, and that his general health is daily improving. When I can *clearly* ascertain whether he inspires or expires through the tube when the fits make an attempt to return, I will let you know.

I remain in haste, my dear Sir,

Yours very faithfully,

M. Hall, Esq., M.D.

W. J. MACKARSIE.

Clay-cross, Oct. 10, 1852.

MY DEAR SIR,—I am glad to say that my patient still progresses, gaining strength daily. He has occasional *warnings* of the fits, but only for a *second* or *two*; the *predisposition* still existing, but *the opening in the trachea*, acting as it does like a safety valve, entirely frustrating *all these attempts*. I firmly believe he never will have another so long as he wears the tube.

Yours very faithfully,

M. Hall, Esq., M.D.

W. J. MACKARSIE.

ON CARBUNCLES AND BOILS,

WITH ESPECIAL REFERENCE TO THEIR PREVALENCE AS AN EPIDEMIC.

By THOMAS HUNT, Esq., F.R.C.S.,

SURGEON TO THE WESTERN DISPENSARY FOR DISEASES OF THE SKIN, ETC.

No. IV.

THE *prophylactic treatment* (or measures to be taken for the prevention of the disease) is a question of universal interest, and one which cannot easily be settled by an appeal to facts, but must be deduced from analogy alone. It is impossible to prove absolutely that A would have suffered from the disease if he had not adopted certain measures, and equally impossible to demonstrate that B, who did suffer, would have escaped by adopting them. But as there are cases occurring in our criminal courts in which circumstantial evidence, as it is called, is even more satisfactory than absolute and direct testimony,—so, in the science of medicine, there are certain conclusions of which no one doubts the truth, which are not founded upon induction, but upon analogy—upon relations, resemblances, and general laws, which, when duly observed, satisfy the mind and determine the conduct just as readily as demonstration itself. In directing our inquiries into the question of prevention in reference to epidemics, we must take our stand in this broad region of generalities and analogies. We shall not escape the cholera by avoiding fruits and acids; nor will a low scale of diet exempt us from carbuncles or boils. We must consider the question in all its bearings; and, first, it may be worth while to reflect upon the circumstances under which boils and carbuncles become developed when they are *not* epidemic. They both arise from some general disorder in the system, but the condition is different in the two cases. The antracic cachexia is chiefly developed in advanced life, and is usually preceded by some debility or defect in the assimilating organs. The furuncular diathesis, on the contrary, is more common in children and young persons. Both may be said to betray an unhealthy condition of the blood; but this condition appears to be brought about by very different causes. Boils are common when the system is in a state of transition, or under outward circumstances of change. Thus the appearance of the permanent teeth, the establishment of puberty, and the passage from adolescence into maturity, are respectively periods at which boils are apt to appear. And certain outward conditions of transition, such as change of diet, of residence, of employment, and even of dress, occasionally originate the eruption of boils. Carbuncles, on the other hand, attack the subjects of slow circulation, torpid habit, depressed vigour, and, in short, that condition of the system is favourable to their development which is as far as possible removed from the excitability of the transition state. They not unfrequently announce the breaking up of a system long wasted by intemperance, by residence in foreign climates, by toil and weariness, by the pressure of want, or the ravages of grief or care: whereas boils often precede a more vigorous rising of the tide of life, and are found among the signs of an approaching renewal of health and strength. These are the usual circumstances under which these diseases are observed to prevail when they are not epidemic. But the question here forces itself on our attention,—What is there *in common* among so much of contrariety in these morbid phenomena, that they should both alike prevail under an epidemic influence? One common element is very obvious: they both have an eliminative tendency; they constitute a mode in which the system by a salutary effort relieves itself of some morbid or poisonous influence;—an effort vigorous in the young and healthy, feeble and inert in the aged and sickly; but in both tending to the preservation of life.

The question of prophylaxis, then, resolves itself into two indications.—1. Avoiding the epidemic influence if possible. 2. Preparing the system to encounter the enemy on its attack. Of the first there is little to be said. This epidemic appears to have been both indifferent as to the locality of its attacks, and indiscriminate in the selection of its victims. But with regard to the preparation of the system, so as to enable it either to escape the virulence of the poison (if such it is), or to meet it with vigorous resistance, there is probably much to be done. First, that scale