> Lady, you utter madness and not sorrow.
>
> I am not mad; I would to Heaven I were!
> For then, 'tis like, I should forget myself:
> Oh, if I could, what grief should I forget!
> Preach some philosophy to make me mad,
> And thou shalt be canonised, Cardinal;
>
> For being not mad, but sensible of grief,
> My reasonable part produces reason
> How I may be delivered of these woes,
> And teaches me to kill or hang myself:
> If I were mad I should forget my son,
> Or madly think a babe of clouts were he.

It seems clear that Shakespeare must have observed curiously, seen, and noted not a few mad people to describe the symptoms of insanity so correctly. Dr. Laehr has a learned inquiry where the poet could have got his lunacy lore; but a genius like Shakespeare gains knowledge through the very pores of his skin, which ordinary men fail to apprehend through their eyes and ears. Dr. Laehr's chapter on the personifications of insanity in the dramas of Shakespeare's English contemporaries shows much acquaintance with the literature of the time. He concludes with a *résumé* of the principal essays upon the psychology of the poet, in which he reviews some thirty contributions to the literature of this interesting subject. Amongst them Dr. Laehr's own work is entitled to take a high place.

Arbeiten aus dem Gesammtgebiet der Psychiatrie und Neuropathologie. Von R. v. KRAFFT-EBING. Leipzig: Johann Ambrosius Barth, 1897. 8vo, pp. 165.

The first of the papers in this volume appeared in 1883. It treats of transitory insanity supervening on neurasthenia brought on by cerebral excitement from mental overstrain. It would, however, serve no purpose to present to our readers a condensed form of these descriptions. As far as our experience goes, neurasthenia is not often followed by insanity, but that this occasionally should take place seems likely enough. Dr. Krafft-Ebing describes five cases in which he assumes an anæmic condition of the brain to be the cause of attacks of transitory insanity. He is inclined to believe that this brain anæmia is owing to spasm of the cerebral vessels, as indicated by the weak and compressible pulse, the wide and slowly reacting pupil, and the stuporose condition which disappears with an improvement in the circulation. He observes that every neurologist knows that epileptoid attacks

are every-day symptoms in many nervous diseases, especially in persons afflicted with neurasthenia. These symptoms include distress with outbursts of perspiration, precardial pain with appearances of spasm of the vessels, and disturbance of consciousness down to fainting with special spasmodic phenomena, dependent upon disturbances of the circulation in the brain. It is possible other physicians might say that these are the pathological substrata and symptoms of epilepsy itself, and call his epileptoid attacks epileptic ones. Some pathologists make a distinction between what they call true epilepsy and what they are pleased to exclude as epileptoid or epileptiform symptoms, a distinction which seems to me sometimes to be purely formal.

The third observation is curious. A man of forty-one, railway employé, without marks of degeneration, but in poor health with symptoms of neurasthenia, suddenly took it into his head that he had been made station-master, and went to take command of the office, whence he was roughly driven away. He was treated by the railway doctor. One morning after a good sleep he announced to his family that his fixed idea had disappeared. He confessed that he had dreamed that he was made station-master, and that the order appointing him was in a box. On awakening he had been content to assume this as true without taking the trouble to assure himself by looking. This Krafft-Ebing explains as owing to the incapacity of the exhausted brain to correct the belief acquired in a dream.

Dr. Krafft-Ebing's observations lead him to believe that the view of Samt that we may recognise an epileptic basis from the mental symptoms alone is untenable.

The chapter on Hemicrania and its connection with epilepsy and hysteria is quite a little museum of rare clinical observations. Dr. Krafft-Ebing's views are illustrated by rapid descriptions of a score of cases. He holds that we may have hemicrania in the simple form of hemicrania ophthalmica. If more severe, it may be accompanied by contraction of vision or scotoma, or even by temporary aphasia or paraphasia. Such attacks of hemicrania have generally an hereditary origin. Where it is acquired the prognosis is more serious, as the affection may be symptomatic of deep-seated brain disease, tumour, lues cerebri, paralysis, or tabes. Dr. Krafft-Ebing describes several cases in which the hemicrania ushered in an epileptic attack. It might be regarded as an aura, or, as some neurologist has described, as a sensory attack of epilepsy. In

certain cases described the disorder began with the sight of a bright spot or ring, sometimes a red spot succeeded by pain in the side of the head, and ending in a regular epileptic attack. Here is one of his observations. Miss V—, eighteen years old, no hereditary neurosis, has suffered since puberty with ophthalmic hemicrania, which at first used to last an hour and a half, and of late extended to four hours. When the pain was at its height, about half an hour after the appearance of light and of the scotoma, there was a feeling of powerlessness in the face, tongue, and arm on the same side as the pain. The day after the attack the patient complains of giddiness, is forgetful, confused, depressed, is awkward with the hand, paræsthetically affected, and lets things fall. She has only a dull remembrance of events during this stage. In the intervals she is quite well. The paper on transitory insanity with hemicrania is full of interesting clinical observations. Here is an abridged sketch of one case. Mrs. N—, fifty-five years old, labourer's wife, had suffered for eleven years from ophthalmic hemicrania. It begins with a broad perpendicular streak in the vision field of the right eye, which disappears in ten minutes, to be replaced by a scotoma, then bright yellow tufts and stars which last half an hour. She found that when she lies upon the right side she can shorten the duration of this stage. Shutting the eye causes the bright objects to be more apparent, the stars become bigger, then smaller till the apparition disappears. This is succeeded by acute boring pain in the right temple, which extends to the eye. Shortly after there appear faces, statues, pagodas, always in motion, lasting about ten minutes; when the patient shuts the eyes they still persist; if the left eye alone is shut the figures appear on a dull background. This is commonly succeeded by the apparition of golden stars which soon pass away. After this the patient feels senseless; she does not know herself, nor recognise her husband; has a fear of approaching insanity, and that she is followed by some one. During this stage, which lasts about five minutes, she cannot utter a word. She does not lose consciousness, but has a very painful feeling that her understanding is passing away. This state is generally succeeded by vomiting, and the descent of the neuralgic pain into the cheek and chin.

Other graphic sketches remain, for which the reader must go to the original book. Dr. Krafft-Ebing draws with a skilful hand, reproducing essential features and passing over immaterial details. No one, however experienced in psychi-

atry, can read this work without materially increasing his knowledge.

Die Heil- und Pflegeanstalten fur Psychischkranke des deutschen Sprachgebietes, in J. 1890. Von Dr. Heinr. Laehr. Mit geographischer Karte. Berlin: Heimer, 1891.

It would be a useful undertaking if some one would write a similar account of the asylums and hospitals for the insane in the British Isles and colonies; another would be needed for the asylums in the United States. We need not enlarge upon the use of this handbook in German-speaking lands. Dr. Laehr's own countrymen have already shown their appreciation of his useful work. The first edition was published in 1852; there was another in 1865, and we possess the one issued in 1875, which contains 183 pages, whereas the present book has 230 pages; the increase is mainly owing to the increased number of asylums and other institutions for the treatment of insanity and idiocy. We advise all members of our profession interested in the treatment of the insane who may be travelling in Germany, Austria, or Switzerland, to get a copy of Dr. Laehr's handy little volume. By consulting the map the tourist may know when he is in the neighbourhood of an asylum, which otherwise he might pass by. There are few such asylums from which something may not be learned. In those which we have visited we have always been received with courtesy, and it may be added that, owing to the linguistic attainments of our German colleagues, ignorance of their language is often compensated by one or other of the resident medical staff. The principal merit of German asylums consists in the large proportion of medical officers, the diligent study of each case, and the persevering endeavours at medical treatment. The notices of each asylum seldom exceed a page, often they are less. Dr. Laehr deserves praise for his clear and concise statements, and the judgment he displays in the selection of details. We give a short translation from the summary at the end.

In the following States of the German-speaking lands (Germany, German Austria, Switzerland, the Baltic provinces of Russia, and Luxemburg), with 67,742,109 inhabitants, there are 296 asylums for the insane, with 692 physicians and 70,028 patients (35,443 males and 34,585 females), and also 162 public asylums, with 489 physicians and 56,168 patients (27,977 males