

workmen had noted that his demeanor was not natural. He was uneasy and apprehensive. He remembered that on the day of his departure, he told his wife he was going to work, but he does not remember how he got to the depot. He dimly remembers being there and getting into the wrong train from which he was rescued by a friend who told him of his mistake. He had hardly any recollection of what took place on his journey.

Patient's family history is neuropathic. His mother was hysterical and suffered from hemicrania and fear of open places. A sister of his mother was insane and died in an asylum. His own sister was a somnambulist, and one of his children was an epileptic idiot. On his father's side there were also cases of neuropathy. All of his own brothers and sisters were subject to headache. He had scarlet and typhoid fever in early childhood. He had received a blow on the head as a child which left him slightly deaf.

From this family and personal history, and the similarity between the case and that recently related by Schultz, in the character of the wander-impulse, the author had no hesitancy in regarding his patient as psychically epileptic.

CLARK.

"BEITRAG ZUR KENTNISS DES HYSTERISCHEN DÄMMERZUSTANDES"  
(Contribution to the Knowledge of Hysterical Delirium).  
Raecke (Allg. Zeitschrift für Psychiatrie, 1901, lviii, 1, 5, 115).

The author calls attention to a form of hysterical mental disturbance most commonly observed among prisoners, described in 1897 by Ganser, and illustrates the subject by the histories of five cases. The condition is observed most frequently in persons with more or less mental defect, who have been imprisoned for some breach of the law more or less serious, and consists in a condition of confusion, and loss of orientation, sometimes with excitement, sometimes with depression, with rapid changes of mood, or again with stupid indifference to surroundings.

Hallucinations and illusions may be present but are not generally well marked, nor are delusions as a rule prominent. The confusion is as a rule especially evidenced in an inability to properly answer questions, to recall events, to count etc. Hysterical stigmata are often present and convulsive attacks may occur. The condition may last from a few days to several months. As exciting causes of the symptom-complex the author accuses the excitement of arrest, the fear of punishment, solitary confinement, the ordeal of questioning gone through with, and perhaps the hope of escaping sentence through being declared ill, all of which act upon a naturally receptive nervous system in a manner powerfully suggestive.

ALLEN.

### THERAPY.

TREATMENT OF MORPHINE HABIT. J. H. McBride (N. Y. Medical Journal, Aug. 18, 1900).

The author believes that comparatively few people are permanently cured of the morphine habit. The moral character is usually so altered that even when the drug has been removed for some time, the will power is usually insufficient to resist the temptation to relieve the mental as well as physical suffering which is liable to recur. The withdrawal of the drug leaves a weakened hyperesthetic condition of the nervous system that involves the mind as well as