Madness and the mad

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This collection of 23 richly annotated, scholarly essays provides not a comprehensive coverage but a sample showing the range and empirical methods of recent studies of madhouses, mad doctors, and madmen, most being of the nineteenth century, and most from Britain—Sweden and Italy each have one, France two. There are two informative introductions.

An overview of another kind is given in an essay tracing the interpretations of Hamlet's madness. For seventeenth century audiences he was a malcontent, comically mad as all lovers are; for Garrick, a prince caught up in a web of intrigue. Eighteenth century audiences discovered his psychology; they saw his contemplative melancholy as nervous disease but did not medicalise it. For the Romantics he was caught between thought and action. The incapacity to act was to be seen by the new profession of psychiatry emerging in the nineteenth century as evidence of a deficiency in brain or mind, for which there was other evidence in suicidal tendencies (the product of an excessive melancholy), impulsive loss of control and moral weakness, as shown in capricious and obscene behaviour towards Ophelia, and inappropriate, blunted emotional responses. With the coming of psychoanalysis his behaviour became neurotic, his intense emotional reaction to his mother's remarriage, his rejection of Ophelia, his hostility towards his uncle, and especially his indecisiveness and incapacity to act all reflecting unresolved Oedipal conflicts. Recent productions have presented him as a bungler caught up in the political games being played by his uncle, Polonius, and Fortinbras.

These interpretations start from the data composing the text of the play. Similar changes in the theories accounting for observations on patients may have been due in small part to the changing data because of the make up of the populations in the asylums. Also, when it could be diagnosed reliably, syphilis was found to be less frequent than had been supposed and other causes were found for dementia, especially in young people. Shell shock in the first world war produced a new breed of psychiatrist because the patients were treated outside asylums. Afflicting soldiers of good credentials, it was not to be explained by reference to either pathological changes in the brain or tainted heredity and degeneration. As a result there was a rapid development of psychopathology and psychotherapy with a new interest in psychological and social processes and a renewed interest in moral treatment.

Moral treatment, which intends to help patients without cruelty and with the minimum of restraint and coercion to re-establish self control, gain self discipline, and thus master their illness, is the

theme of several essays. In what degree was the regimen at The Retreat, for instance, repressive? Was the control and discipline imposed from outside? Was moral treatment a socially acceptable method for enforcing conformity, more valued for its conditioning potential than its humanity? Did it enable patients to break free

A gory scene from *Surgeons at the Bailey*. *English Forensic Medicine to 1878* by Thomas Rogers Forbes (£20: New Haven, Connecticut: Yale University Press, 1985. ISBN 0-300-03338-9), which examines the development of forensic medicine from the Middle Ages to the nineteenth century, drawing extensively on the records of criminal trials at the Old Bailey. Professor Forbes points out the paradox of forensic medical investigation: it is, he says "at once repellent and fascinating"; the latter quality predominates in this book, thanks to the author's scholarly approach and lucid written style.

from their internal restraints? Did it restore self esteem? Did it allow patients to express themselves idiosyncratically? Were they free to act on or ignore the doctor's advice, accept or reject his authority? These questions, now to be heard in debates about not only mental health legislation but also the behaviour and cognitive therapies, lie at the heart of the current crisis of public confidence in psychiatry. These volumes blow away the myths and simple explanations and present the facts: the "empirical details" of life in the last century in

such asylums as Bedlam, The Retreat, Hanwell, Lancaster Moor, and Ticehurst.

The Anatomy of Madness. Essays in the History of Psychiatry. Vol 1. "People and Ideas." (Pp 334; figs; £19.95.) Vol 2. "Institutions and Society." (Pp 302; £19.95.) Ed W F Bynum, R Porter, M Shepherd. London: Tavistock, 1985. ISBN Vol 1: 0-422-79430-9, Vol 2: 0-422-79440-6, set: 0-422-60350-3.

The Head that wore a crown and other stories

LARS ERIK BÖTTIGER

When I taught clinical haematology I used to show my students a picture of Sherlock Holmes to impress on them that all diagnostic work is detective work: "The baffling case of the enlarged spleen," and "The lady with the mysterious anaemia" are true mysteries of everyday medicine. But some medical mysteries have a wider range, and concern more than individual patients. A general practitioner, Michael Howell, and a freelance writer, Peter Ford, have continued their fruitful collaboration and collected a number of such stories in *Medical Mysteries*. The mysteries undoubtedly have a wide range, for they cover the globe, literally from pole, and in time extend back to the fourteenth century.

The two polar adventures, the balloon flight of André towards the North Pole (1897), and the sledge party of the Australasian Antarctic expedition to the South Pole (1911-14), have medical similarities. The explanation in both instances of the deaths of André and his two comrades as well as Douglas Mawson's mysterious disease is to be found in the biology of polar animals. To those who do not know the answers I am not going to reveal them here—suffice it to mention that the dangerous properties of the polar animals, polar bears and husky dogs, respectively, were well known to the Eskimos if not to the polar explorers.

Many of the mysteries are about infectious disease. There is cholera in London in 1855, the last attack of plague in England with the small epidemic in Suffolk in 1910, and the discovery of the routes of transmission of yellow fever, long before the virus could be isolated. The yellow fever work was done under the leadership of Dr Walter Reed, who was honoured by his name being given to the military hospital outside Washington, in the United States.

But there are also intoxications to bewilder the reader in "The case of the Epping jaundice" loaves of wholemeal bread play an important part, and in "The fallen splendour" the stucco ceiling in an Italian villa contributes to the intoxication of the first lady ambassador of the US, Mrs Claire Boothe Luce. And there is a modern variety of one of the Marquis de Sade's many sexual inventions leading to the deaths of two young women in London in 1954.

Finally, there is Robert the Bruce, King of Scotland. It has long been said that he died from leprosy, but it was only in 1968 that final proof was found. By chance, a Danish doctor had become interested in the bone changes caused by leprosy and had had the luck, and skill, to find and excavate the remnants of a leprosy colony in Denmark. He found so many skeletons that he was able to establish without a doubt that the skull of Robert—"The Head that wore a crown"—had changes pathognomonic of leprosy; thus a definite diagnosis could be made, 639 years after the death of the patient.

I hope that these samples are sufficient to show the variation among the mysteries offered in this book. The authors are afraid that the mysteries might be too well known in medical circles to be of any interest. But they have added so much of cultural, historical,

and personal interest, important for the outcome of the mysteries, that it really does not matter if you know the story beforehand or not. I fully agree with the cover text that the book is both compassionate and marvellously entertaining—and well written.

Medical Mysteries. M Howell, P Ford. (Pp 388; figs; £10.95.) Harmondsworth: Viking, 1985. ISBN 0-670-80220-4.