quotes freely from the article as it reveals a recognition on the part of the writer of the principles which Freud has formulated at work among these early peoples. They are reported as highly excitable, very emotional and impulsive so that they are characterized as fundamentally neurotic. In their moods they withdraw into a psychically shadowy life, which they make a reality within themselves, in which they have stagnated for centuries. The author affirms the father element as a controlling factor in religion. The importance of the father in the flesh has passed over into a spiritual conception, passing through ancestor worship to a conception of a Supreme Being the source of all life. Their entire animism serves a subjective purpose, representing the wish motive. Illusion gains a supremacy over the actual so that while they acknowledge the literal they live under the control of the phantasmal. This has both kept them from extreme lapse into savagedom and at the same time prevented their cultural advance. This spiritual system arises out of their unconscious, that is "their own forgotten acts and thoughts unconsciously expressed" as in the psychoneurosis. They are actuated by the reaction of their own sensations and emotions rather than by external reality. Like the neurotic patient they "dream dreams when purposeful, constructive thinking is demanded." There is therefore an unconscious opposition to progress, which becomes partly also conscious. They themselves regard accidental occurrences as actually due to deep underlying purposes looking at an "omission" not as a passive thing but as a "commission" due perhaps to the obtrusion of other mischievous antipathies. Dream life is given very serious regard and their spiritual conceptions are largely due to the dreams. Dreams are to them realities in which actual souls of the dead communicate with the living. It is through dreams that the existence of the soul is assured.

Starr, M. Allen. WAR STRAIN AND SHELL SHOCK. [New Jersey State Med. Soc., June 29, 1918. Med. Record, Oct. 12, 1918.]

Dr. M. Allen Starr delivered this oration, in which he stated that the terms "shell shock," "war shock" and "war neuroses" had been coined and had proved very convenient, as they did not commit one to any particular pathology or diagnosis. He discussed the etiology, pathology, and symptoms of the condition, calling attention to the points whereby shell shock might be differentiated from injuries of the brain or cord. He said it was admitted by all investigators that the chief etiological factor in shell shock was the long continued emotional strain. But this produced many pathological effects and could not be dismissed with the label of mere hysteria. Back of the lines before the men got into actual trench service they heard tales of the strain which others had undergone, of the shocks they had suffered, and they saw the wounded and the nervous and mental wrecks coming back from the front. When the man finally got into the trenches he was subjected for

frequent. Impairment of the will power was another symptom which occurred. The power of self-direction, of control of the flow of thought, of the control of emotions, and even the power of control of voluntary activity was lost. Morbid impulses and morbid ideas were very frequently manifested, leading to the most unusual and irrational acts. Fits of terror were very common in both the mental and the physical cases. This was not a manifestation of cowardice, for a coward preserved his instinct of self-preservation and tried to escape or to protect himself and did not recover his equanimity until he was safe. In shell shock terror there was a complete mental paralysis, with no attempt at safety. As to the treatment, in some complete rest, relief from anxiety, the assurance that return to fighting was impossible, happy surroundings, diversion, productive occupation, and good nutrition were the chief remedies. In others a process of encouragement to stimulate the will was needed. Reëducation was the means of restoring to health many of the victims of shell shock. To-day in England and Canada hundreds of devoted patriotic women were laboring in hospitals with these men, teaching, encouraging, stimulating them to resume normal activity. Preparation for this work was being made in New York City by several agencies. It was not wise to send these patients home to anxious relatives, where a recounting or exaggeration of symptoms only excited interest and there was little stimulation to recovery. Shell shock must be treated by those who were especially interested and fitted by previous training to handle the mental and physical conditions which were so multifiform and so perplexing. In every case the will to recover, like the will to win, was half the battle.

Core, D. E. INSTINCT DISTORTION OR WAR NEUROSIS. [Lancet, Aug. 10, 1918.]

Core says that these cases resemble hysteria, in that environment plays a dominant part in their development; but they differ from the hysterias, since in the latter the rôle of environment is indirect and since the hysterical phenomena are based on a physiological reaction. In the war neuroses the phenomena are pathological and serve no useful purpose in protecting the consciousness from unpleasantness. The diagnosis of war neurosis is generally comparatively simple, since the symptoms conform to the various motor manifestations of fright. These are divisible into two groups. The first are those associated with flight, and include facial pallor, staring eyes, dilation of the pupils, rapid heart, and muscular excitability, tremor or spasm. The second group includes those fright manifestations associated with the "crouching instinct" such as the inability to move the legs or walk, aphonia, whispering speech or stammering. Careful study of the case will show that, in addition to looking terrified, the patient is really terrified and is specially the victim of terrifying dreams, or even of fear, during the wak-