derivation for war-neuroses are still striving to bring forth substantial support of their position, and the controversy is still open, because from the very nature of the problem, little experimental and post-mortem evidence can be adduced. As proof of the psychogenic character of these disturbances it is stated that M. Goldstein recently cured cases of this sort, of most widely different character, immediately behind the front, by means of hypnotism, and the author adds that never in any one of his own cases had he observed symptoms of organic nervous disease, *i.e.*, the Babinski phenomenon, abnormal tendon reflexes, or absence of deep reflexes, and that he agrees with the majority of other authorities that the disturbances are of psychogenic derivation. He does not assert that there is no such thing as malingering and aggravation of symptoms; in the horde of hysterics it would be strange if there were not some cases of this nature, but he holds that simulation itself is evidence of a psychic weakness, and, with Lewandowski, that it is very difficult to determine where hysteria ceases and malingering begins. Besides the business of the psychiatrist is not to expose crimes, but to heal the sick. From a scientific standpoint the physician could only differentiate hysteria from malingering by showing what symptoms really are pathognostic for the disease. This it is impossible to do because the symptoms are produced by suggestions contained in the circumstances of life and are therefore so varied and mingled that no constant disease picture could be formed from them. Hysteria imitates the symptoms of all diseases and the only signs common to the various cases of hysteria are the stigmata of degeneration, but these are found to a greater or less degree in every one. From a practical point of view it is unimportant how much the symptoms are aggravated; if there is conscious malingering the strong faradic current treatment may act as punishment without having the appearance of punishment. The results obtained by the Kaufmann method were astonishing. Rarely more than one application, lasting a few seconds, was necessary. It is the symptoms, however, that are cured and the hysterical character may betray itself by relapses, but notwithstanding this fact, the writer states, good results were attained. A serious epidemic was held in check, which there were no other means to combat; then too if the symptoms of limping and paralysis are overcome when they are first manifested the secondary changes, stiffening of muscles and muscle atrophy, are prevented. The curing of neurotics, even though only the symptoms are made to disappear, is, therefore, not merely idle child's play.

Singer, Kurt. THE END OF THE WAR AND THE NEUROSIS PROBLEM.
[Neurologisches Centralblatt, May 16, 1919, No. 16, Vol. 38.]

The study of soldiers suffering from war neurosis has, to a certain extent, come to an end. The prospect is now more interesting than the retrospect. The breaking out of the war gave rise to an emotional atti-

tude most favorable to the development of hysterical phenomena, and the commencement of the revolution to one most favorable for their cure. The strongest strain it was possible to place on soldiers ready for nervous breakdown, fear of life in the trenches, anxious anticipation of dangers, privations, and hardships, was removed. The good effect was enhanced because the removal of the threatened dangers was sudden, peracute. It was the best Kaufmann treatment, but without faradic current; it was the brilliant fulfillment of promises given without "suggestion." And the most interesting feature of all is that the revolution placed just that social class which furnishes the principal contingent of neurotics, namely, the laboring proletariat, in a position in which the neurotic complex as the expression of a protest against inferiority, repression, subordination was wholly dissolved. Where the reversal of social positions was so radical, flight from reality, in the form of disease, malingering, and aggravation of symptoms was no longer necessary. Besides in the street assemblages and mobs there was ample opportunity to give vent to the emotional overflow which would have led to symptoms of irritability. The critical moment has, therefore, arrived for unmasking the true character of the neuroses and for recognizing it as a disease of protest or a defence reaction, and to establish justification for active therapy in dealing with disturbances of this nature. The soldier has reached the bridge on which, following his political ideal, he can attain health without the aid of the physician; the feeling of uncertainty and of inferiority, the foundation of the neurosis, is removed; the fiction of increased importance of the personality is set up with the resulting cure of the disease. The repressed psyche needed no other release, when the proclamation was issued that every common soldier and small laborer carried the marshal's staff in his knapsack. This enhancing of self-importance, the fiction of personal value, is not the soil upon which the neuroses unfold. And for this reason it was possible to close the neurotic section at Berlin. The behavior of the neurotic patients is described. Those who were cured left the hospital and did not return. Those who remained followed the directions of the physicians as far as possible. There was no need for disciplinary measures, though the discipline was not relaxed. The five last patients begged to be "cured" before their release, and their recovery was speedy. One pseudoneurotic who, eight days before, had fought vigorously against discharge, because he was suffering from such severe headache that he could not even go up and down stairs, took his place at the head of a soldiers' committee for the organization of hospitals and ran back and forth between Reichstag and hospital with a confidence and endurance that were truly astonishing. Such cases as these are additional proof of what the author had long suspected, that the resistances to recovery are in some cases more conscious than in others, from which may be inferred that for the one class any sort of sug-

gestive therapy will produce good results, while for the other, an active and rigorous one only will be effective. Until the close of the war every neurotic who suffered relapse could be ordered to the hospital, but under the new regime a legal commitment is necessary. The problem of their treatment is one of great industrial and legal importance in its bearing on indemnities for injuries and the lessons learned from the war should not be forgotten. In measure as neuroses are regarded as curable the number of cases will diminish, for the prospect of benefits in form of pensions, etc., will be reduced and in the author's opinion the widespread belief in the curability of neuroses will go far to eliminate simulation, for there will only be malingering where it pays.

Forster, E. CONCERNING THE PRIMARY AND SECONDARY EFFECTS OF PSYCHIC TRAUMAS IN LIEPMANN'S SENSE. [Neurol. Centralbl., June 16, 1919, No. 12, Vol. 38.]

The author in a former article expressed the opinion that Liepmann's views concerning hysteria were wholly erroneous. He now wishes to retract this judgment, which was too hastily formed on an imperfect acquaintance with the original works of Liepmann, and to affirm his full agreement with what this writer says of the neuroses. The author's experiences in the field have been in accordance with this revised opinion. He finds that in neuroses there is a primary immediate effect produced by the psychic trauma, and a secondary mediate one—the one formerly called "ideagenic." When Liepmann says the emotion is a cause exactly like a stroke, or a virus, he refers to the first effect, not to the second, the essential factor of which is that it is a product of the psychic processes. The word psychogenic may be used for both conditions. To illustrate: In one sense the word means that the injurious occurrence from which a disease takes inception, is a process of consciousness (fright anxiety) which acts on the nervous system quite like any external poison or blow; in the other sense it means that the disease has been caused by the working over by consciousness of an injury. There is no doubt that extreme fright, great anxiety, etc., influence the smooth muscles, the excretions, secretions, etc. This process is a reflex one of the same nature as the conditional reflexes. This effect may be produced in various ways, when, for example a thin-walled vessel breaks from contraction in extreme fright, giving rise to meningeal bleeding. These reflex results of the emotion may produce injuries but they have nothing to do with the hysterical reaction. However, where there are neuropathic tendencies, less effort is made to overcome the reflex processes and in this sense the prolongation of the symptoms is due to the hysterical tendencies. If after the effects of the first injury have subsided, clinically similar conditions are suddenly manifested, these, according to the observations of the author, were always due to hysterical reaction as consequence of some idea of benefit to be derived, and they conform to the second type of Liepmann.