de Schweinitz, G. E. OCULAR PHENOMENA IN THE PSYCHONEUROSES OF WARFARE. [Archives of Ophthalmology, September, 1919.]

The author disregards the comparatively small group of concussed patients with organic lesions and deals with the functional group, the patients with psychoneuroses, war shock, and hysteria. Sharp distinctions are difficult, readily become artificial, so a definite classification of the ocular symptoms is not satisfactory, but for convenience he groups the conditions as: (1) Various types of amblyopia and amaurosis, including disturbances of the color vision, in other words, "incomplete and complete anesthesia of the visual sense." (2) Asthenopias and anomalies of the accommodation. (3) Anomalies of the iris movements. (4) Anomalies of the eyelid and exterior eye muscle movements. (5) Phenomena not included in the preceding groups. Under the first group he discusses cases in which the vision was lost or blurred for a few minutes, for from several hours to two weeks, and for months or even years. He says: "During the period of being semi-conscious or dazed he is partly or entirely blind; vision often returns with the restoration of consciousness, or it may persist for varying periods of time if the soldier's attention is fixed upon or directed to his eyes." He may also have tonic or clonic blepharospasm, when he cannot open his eyes. If the lids are forced open the eyes are usually rotated upward; the pupils react normally, and the eye grounds show no change.

ROSS, J. PEACE AND WAR NEUROSES. [Proc. Roy. Soc. of Med., March, 1919.]

This observer says that in the treatment of the neuroses there is one point which is of capital importance, namely, how to prevent relapse. The literature of the past four years has only confirmed what was already known, that any treatment in which the physician believed would effect an apparent cure. Electricity, hypnotism, Christian science, have their apparent as well as real cures, but methods which dispel the symptoms do not accomplish all that is necessary. Faith may dispel many symptoms, but real therapy demands the disclosure of what lies behind. According to Ross there is no fundamental difference between hysteria and neurasthenia or anxiety-state, and the underlying anxiety is an essential factor. It can be exposed by ordinary conversational methods, the elaborate technique of psychoanalysis he believes only rarely being called for. This applies to civilian as well as to military patients. The writer's method is then taken up in detail. A full history is taken. The patient is listened to for as long as he wishes to speak; he is given the chance of telling everything. He is then examined clinically and is told that he suffers from some forgotten anxiety. He is asked to think over this and report later. Almost always he will answer the problem reporting something which will explain the condi-