ticular form of violence originally responsible, which renders the subject unfit for further service at the front. In the most severe cases, dementia may ultimately supervene. Emotion is often associated with commotion, but may occur separately. It is due, not to an external traumatic influence, but to a purely mental shock or series of intense affective impressions reacting upon the sympathetic and cerebrospinal systems. It results in an extreme degree of psychic and motor activity, associated with terror, flight—in brief, the defensive reactions of the instinct of selfpreservation. There follow signs of acute anxious emotionalism, restlessness, tremor, crying out, then quietude, with persisting irritability, fear, and a tendency to seek seclusion. Only in occasional cases are there added functional disturbances of abdominal organs, due to disordered innervation. Through a process of emotional anaphylaxis there may result continuous anxiety, incapacity for exertion, loss of weight, tachycardia, insomnia, and a grave general condition. Like commotion, emotion may ultimately cause chronic dementia.

Briand and Philippe. PAROXYSMAL STUTTERING. [*Progres Medical*, Aug. 4, 1917.]

Briand and Philippe comment on the remarkably small number of cases of stuttering brought on or aroused by the emotional stress of the war. In one case the soldier had stuttered from childhood. His speech had been natural until the age of 4 when, after a severe fright, he began to stutter and has had periods of stuttering since, alternating with periods of normal speech. The stuttering came on again in a severe form after shell shock, the features of the case analogous to those with rebellious deafmutism of emotional origin. The course of training which conquered the tendency to stuttering is described in detail. It commenced with breathing exercises, showing the patient the tracings and how he must learn to manage the diaphragm to bring the tracing to normal, training him in exerting the muscles necessary to regulate diaphragm functioning. This was accompanied by reading exercises in solitude, slowly reading the words in a low voice to himself, noting the letters that start the stuttering and meeting each one with a deeper, more prolonged respiration. The breathing exercises are done more readily while walking slowly than when seated or reclining. Any overexertion, exhaustion or strong emotion is liable to bring a setback. In the case described the stuttering was conquered in the course of three weeks.