to other parts. It yields to heat and massage. A neurotic constitution underlies a large proportion of chronic headaches. Anemia and toxemia are factors of great importance. Focal infection plays a large part. Such foci may be found in the teeth, the tonsils, the nasal sinuses, the gallbladder or appendix.

Headache may be the leading symptom in a long list of ailments, as: apoplexy, tuberculosis, paresis, nephritis, myxedema, malaria and syphilis.

Eye-strain is the cause in a limited number of cases, though it is seldom the sole cause.

It is plain that rational treatment must depend upon finding the cause.

Rectal Feeding. George M. Niles, Atlanta, Ga., Journal of the Tennessee State Medical Association, January, 1917, p. 374.

Administration of food by the rectum dates back to antiquity. Aetius and others mention it; also writers of the middle ages, though their results were unsatisfactory, probably on account of imperfect technique.

Many varieties of food may be utilized in rectal alimentation. Protein may be supplied in the form of predigested meat or egg albumen to which salt has been added. Of the carbohydrate, grape sugar seems the most available, though not more than six ounces of a 10% solution should be allowed, as it tends to provoke diarrhea. Starch has been used in many forms. Fat also may be used, but not more than one-half ounce in twenty-four hours is advisable.

It is believed that but one-fourth of the nutrient required by the body can be absorbed by the rectum, and the probable limit of rectal feeding is about two weeks. The writer feels sure that under ordinary circumstances the rectum can not be expected or made to absorb more than 300 calories daily. Rectal feeding should be considered only an auxiliary or a means to tide over an emergency,—not as an adequate supply.

The rectum should be cleansed by an enema of normal salt solution once daily,—not before each feeding. If the rectum is inflamed boric acid may be used instead. In the presence of tenesmus a return flow catheter is helpful for the irrigation. Temperature of the cleansing enema may be about 100° F.; the nutrient enema 10° cooler.

Conceptions and Misconceptions in Psychoanalysis.

Trigant Burrow, Baltimore, Md. The Journal of the American Medical Association, Vol. LXVIII, No. 5, February 3, 1917, p. 355.

Psychoanalysis labors under very grave misapprehensions. It is essentially an educational method. Its concern is exclusively with the moral life of the individual. Unlike the more conciliatory measures of popular psycho-therapeutics, psychoanalysis does not flatter one's weaknesses, but mercilessly assails them.

Perhaps the most widespread and least warranted of the many misconceptions for which psychoanalysis has been ignorantly held answerable is the assumption that psychoanalysis bases its method upon the theory that nervous disorders are due to the existence in the patient of some spe-

cies of sexual perversion. Such an assumption is not only false, but the true statement of psychoanalysis lies in a thesis which is precisely the contrary of this.

In his "Drei Abhandlungen zur Sexualtheorie," Freud clearly defines the neurosis as the negation of abnormal sexuality.

An equally prevalent misapprehension is the view that psychoanalysis consists in eliciting from the patient a confession of all that he knows. Again the reverse is the true statement. It is precisely in the eliciting of what he does not know that there consists the entire technique of psychoanalysis. *For the sphere of psychoanalysis lies exclusively in the field of unconscious mentation.* Herein lies the crux of Freud's teaching. It is the task of psychoanalysis to decipher the secret code into which the patient has distorted the inadmissible wishes of his innermost nature, as indicated in the expressions of pain embodied in the symptoms of his disorder, by retracing (chiefly through the dream-material) the repressed associations underlying his pathological disguise.

Studies of the Stomach in Syphilis. Franklin W. White, Boston, Mass., The Boston Medical and Surgical Journal, January 4, 1917, p. 11.

In a group of 600 cases of syphilis we found 44 with prominent stomach symptoms after excluding cases with hepatic cirrhosis, gumma of the liver, nephritis and tabes. In 35 cases, no definite lesion of the stomach was proved; in 9, actual syphilitic or coincident lesions were found (ulcer, gumma or cancer). It is often impossible to distinguish between syphilitic and coincident lesions during life.

The changes in gastric secretion were not distinctive. This was normal in 23 cases (65 per cent.); hyperacid in 5 cases (15 per cent.); and subacid in 5 cases (15 per cent.); while 2 cases (5 per cent.) showed no free HCl. Only one case showed 12-hour food residue.

The X-ray was very valuable in giving the shape, size and position of the lesions. The contour was exactly that of chronic peptic ulcer with its complications, or cancer of the scirrhous or medullary type.

Actual syphilis of the stomach is one of the rarest types of syphilis. Syphilis was formerly looked upon as an important cause of chronic gastric ulcer. This is disproved by serum tests. In less than 1-2 of 1 per cent. of 179 private cases of proved peptic ulcer was the Wasserman positive.

There are no characteristic symptoms of syphilis of the stomach. They sometimes resemble those of chronic catarrh, ulcer, or growth with or without obstruction of the pylorus.

The prognosis is about that of syphilis in general and a good portion are cured, but a small group do badly. Some caution must be used in the prognosis, since in spite of remarkable results in individual cases, less than one-half the cases were free from dyspeptic symptoms.