the effort should be to replace the negative (painful) ideas by others with positive (pleasant, restful) emphasis; the author thinks that the electro therapy has more than a suggestive effect, that it actually influences the nervous irritability and simulates to action and inhibition in proportion to the dosage. As a rational "corticopetal" therapy rest in a dark room is recommended because the nervous stimuli are thus limited.

Wohlwill, Friederich. CONCERNING A PHENOMENON IN THE EXAMINATION OF HYSTERICAL ANESTHESIAS (DISTURBANCE PHENOMENON). [Neurol. Centralbl., Dec. 16, 1918, No. 24, Vol. 37.]

Although the nature and origin of hysterical sensory disturbances are still far from being understood, all writers are unanimous in the opinion that there is little reality in these anesthetics, etc., in comparison not only with organic anesthetics, but also with the motor symptoms of hysteria. While hysterical paralysis acts just like organic paralysis, to the extent even that results independent of the will, such as edema, cyanosis, and atrophy, are present, the hysterical anesthetics act in a very different manner from those produced by organic causes, and the patient is able, if not prevented by accompanying motor disturbances, to carry out very delicate performances requiring fine sensory discrimination—for example of touch in an anesthetic hand, and, besides, where, for instance the sense of touch and thermal sense seem wholly absent, the patient never burns or injures himself as do those who are suffering from organically produced analgesias. The author describes a manner of examining patients to differentiate hysterical disturbances from organic. He tells the patient to close his eyes, then he touches various spots of the patient's body, announcing the fact each time by saying "now," and instructs the patient to respond with "yes" each time the touch is felt and "no" each time it is not. He touches the sound places and the anesthetic ones in rapid succession and in varying order. Confusion of responses or hesitations betray that the sensations from the areas claimed to be anesthetic reach consciousness. Where there is difficulty in determining whether motor or other disturbances accompanied by these anesthetics are hysterical or not, a test of this sort may be resorted to with the anesthetics and the result may give the clue to the nature of the other symptoms.

v. Artwinski, Eugen. CONCERNING HYSTERICAL DEAF MUTISM AND MUTISM, OBSERVED DURING THE WAR. [Neurol. Centralbl., July 16, 1919, No. 14, Vol. 38.]

The author had opportunity during the war, to study numerous cases of mutism and deaf mutism. They would fall under the category of hysteria as defined by Babinski, who says, "A phenomenon is hysterical when it can be exactly reproduced by suggestion and removed by per-