toms, or between exaggerated reflexes and a history of recent gassing. The occurrence of tremors was studied and it was found that tremors were more severe in cases showing well marked D. A. H. than among those not suffering similarly. The Hering-Breuer respiratory reflex was very commonly disturbed in these cases and in view of the prevalence of functional nervous symptoms it was sought to determine whether or not this disturbance was of a functional nature. The results of attempts to control the reflex by hypnotism failed to show definitely the functional nature of the disturbance. Under hypnotism the respiration could be slowed for a short time during the period of the patient's relaxation, but permanent effects could not be obtained.

Fraser, D. THE MIND FACTOR IN DISEASE. [Med. Jl. Australia, Oct. 11, 1919.]

In a letter to the editor of Med. Jl. Australia, the author says: "In your excellent article on the above subject you close by saying: 'Suggestion can do much, but it cannot replace these or analogous methods of treatment.' As one who devotes most of his time to the practice of psychotherapy, perhaps you will allow me to say that what the average medical man wants to be fully seized of is, what suggestion can do. There is still a great deal of prejudice and ignorance in the ranks of the profession about the whole subject of suggestive treatment. Its application, whether by hypnotic suggestion, suggestion alone, persuasion, psychoanalysis, etc., is still either damned by faint praise, or openly scoffed at by men you would expect to know better. In 1884, when passing through arts in Aberdeen, Professor Stirling, then Professor of Physiology (now of Owen's College, Manchester), lectured to us on hypnotism. He prophesied the coming of a day when we should understand it better and make greater use of it. I trace to the "suggestion" of that lecture my life-long interest in psychotherapy, whether as shown at Lourdes, holy wells, shrines, in the Emmanuel movement, the hosts of Christian scientists or its tardy and grudging use in medicine. Some sixteen years ago I entered medicine at Sydney University. In passing through its various classes, I heard a reference made to hypnotism once, to 'suggestion' never.

"As in the medical school, so, too, in the hospital, I never heard the slightest allusion made to psychotherapy by any of the teachers in clinical medicine. I may be wrong, but for the past ten years I do not remember one single evening being devoted to this subject by the B. M. A. All honor to Sir Thomas Anderson Stuart; he tried two years or so ago to introduce something in the shape of a psychotherapeutic clinic to Prince Alfred Hospital, but, so far, I do not know that much has come of it. Can one wonder, then, that men, turned out utterly ignorant of the very rudiments of psychology, with an unbounded faith in a pill or a potion, with an itching desire to use a

scalpel, should have no time for 'mental medicine' and no use for a 'psychical' scalpel that might 'pluck from the memory a rooted sorrow'? If Dr. Springthorpe in his article on 'War Neuroses and Civil Practice' (*The Medical Journal of Australia*, October 4, 1919) has stressed the value of psychotherapy, surely it is not before time. Medicine is only now beginning to take the question up. We do not know yet what suggestion can do, nor what it cannot. It has never had a fair trial. It is rash to say it has no influence over organic lesions. Professor Hewlett, of London, in his 'Pathology' has had to alter the old definition of inflammation. He says: 'In persons susceptible to hypnotic suggestion that a burn which has been caused in the skin will lead to hyperæmia, redness, exudation and swelling at the spot, *i.e.*, the changes of acute inflammation'; but let that pass. I am convinced that what we need is a greater and greater knowledge of what suggestion can do, and a place for a study of the new psychology in the medical curriculum; then psychotherapy will find its proper sphere in medicine and become the chief corner stone in the newer therapeutics, without in any way encroaching on the domain of the surgeon, the bacteriologist or any other specialist in medicine."

Hesnard, A. FUNCTIONAL ASTASIA ABASIA AS A WAR NEUROSIS.
[*Journal de médecine de Bordeaux*, July 10, 1919.]

The author comments on the frequency of this condition in the Serbian Army, no less than 115 cases having been encountered among unwounded men suffering from functional nervous diseases. In some the condition had already developed during the Balkan Wars, and it had recurred in a more severe form during the recent conflict. The causes of the condition seemed very variable—infections in some instances, exposure, exhaustion, violent or repeated emotional shock in others. The intensity of the spastic manifestations was such as to suggest organic spinal disease, with very active reflexes and relaxation sometimes quite impossible. There were often minor peripheral organic disturbances in addition, such as terminal neuritis following frost bite, rheumatic conditions, etc. In addition to the types of locomotion described in 1916 by Laignel-Lavastine and Courbon, *e.g.*, short steps, long steps, precipitate locomotion, the inhibitory gait, duck walk, bather's walk, pseudocerebellar gait, etc., there were a number of new types of locomotion, each patient, in fact, having practically a special gait of his own. Some showed what the author terms the skater's gait, the legs being rhythmically crossed; others walked as though on the deck of a ship in a storm; one had the scissors walk, one foot scraping backward as the other advanced; another the armchair walk, etc. These cases are to be ascribed neither to neurasthenia, the anxiety neurosis, nor hysteria exclusively. The writer would term them hysteroemotional astasia abasia, believing that each of the three major neuroses