the idea of disease more firmly in the patient's mind are harmful. Any form of psychotherapy is likely to succeed, but usually persuasion and reëducation yield the best and most rapid results. The patient is to be shown that the position is merely a bad habit, contracted when the originally severe pain was present. He is shown that when he lies down the back straightens and the pain that he had when standing disappears. This is used to convince him that there is no organic disease and he is made to understand that relaxation of the back muscles on standing erect would give the same relief. He is then stood with his heels and back close to a wall and his shoulders are slowly and firmly pushed back until they touch the wall. He is assured that the pain this causes will disappear as soon as he is erect, and that the less he resists the sooner he will be cured. Usually relaxation comes in a few moments and he is surprised to find that he can stand erect without pain. Then he is taught to walk in the erect position and the cure is complete. In certain very resistant cases good results are secured promptly by making the patient lie on his back on a long board which has a footpiece at right angles to its long axis. When he is straight the head end of the board is slowly raised until he is brought into the erect position. At this moment he may be told to walk off the board, which he will unsuspectingly do and so, greatly to his surprise, find himself cured.

Vignolo, Lutati C. PRECOCIOUS GREYING AND WAR NEUROSES. [II *Policlin.*, 1918, 25, 680.]

Vignolo-Lutati again discusses the inter-relationships between cutaneous diseases and war neuroses and quotes several instances from literature or from his own experience illustrating whitening of the hair as a manifestation of psychical trauma. Many varieties of so-called rapid accidental premature canities may occur: (1) a form developing in a few days or hours almost simultaneously with the psychical trauma, and affecting all the hairs of the body (complete canities); (2) regional canities, in which the hair of a single region is affected; (3) circumscribed canities, in which only a part of a region is affected; (4) partial and symmetrical canities; (5) hemicanities, in which the hair on one half of the body only is affected. These forms of canities are usually permanent, but in some cases the canities may be transient. In addition to the rapid form, there is an accidental premature canities with progressive course. The canities is sometimes preceded by obstinate neuralgia and headache, and is a necessary consequence of prolonged mental and psychical strain. It is especially liable to occur in aviators. Both the rapid and the progressive forms of canities are to be regarded (says this author) as valuable signs of a neuropathic condition, which, though it may be more or less transitory, may precede a breakdown of the nervous system.