

prize winner in the school. Without warning, he suddenly turned to a most abandoned and perverse character. He lied and stole, obtained money by most precocious artifices so that his father had to warn the tradesmen that he was quite irresponsible. The boy was flogged and talked to but to no purpose. He was subjected to all kinds of penalties, and even the aid of the police was enlisted. The author was some time in gaining the boy's confidence. He catered to his weaknesses, such as love of chocolate, and finally learned the secret which the boy let out involuntarily and then bitterly regretted. Either the mother had ignored its full bearing or had chosen to be silent about it. While the boy was still well behaved a beautiful servant girl had been hired and had struck up an innocent friendship with the boy. At first he simply preferred the girl to his mother as a companion, but the affection at last ended in the boy's seduction by the girl. The mother then promptly discharged the servant as soon as she learned of her misconduct, although perhaps not fully aware of the degree of intimacy. The boy blamed the author for extorting his secret, cursed and raged at him and would not see him again. The moment the girl was discharged the boy "went bad" and showed hatred, first to the mother and only later and to a less degree to the father. The patient was finally sent to a small private institution, where he showed a marked irritability and hatred toward his mates. After two months of careful psychoanalytic and general treatment according to the author's modified form of psychoanalysis, a mixture of Forel's and Jung's techniques the boy became tractable and behaved as if nothing had happened. He had acquired such insight into his case that he took the physician back into favor. He finally made a healthy readjustment to his home and school.

**Etienne, G., and Richard, G.** BLOOD PRESSURE AS INFLUENCED BY WAR EMOTIONS. [Paris médical, August 9, 1919.]

These authors report the results of several years' observation of the effects of shelling in the town of Nancy on blood pressure. All violent shocks were found to affect the blood pressure, generally bringing about a brief stage of hypertension, lasting five or ten minutes, followed usually by one of hypotension lasting from a few minutes to two or three hours. The average rise of systolic pressure was eight to twelve millimeters of mercury, and of diastolic pressure, three or four millimeters. Where the emotional shocks are repeated, *e.g.*, if the town is shelled throughout the day, each successive shock finds the blood pressure a little higher than it had been before, and subsequently the return of the pressure to normal may be slow, especially in old persons, in whom several weeks may elapse before it reaches normal. Where the shocks are repeated for weeks or months, the systolic pressure shows a constant elevation of from ten to forty millimeters, and of the diastolic,

from ten to twenty-five millimeters. In a man aged seventy-nine years the blood pressure had not yet returned to normal after spending more than seven months in a quiet locality. Repeated emotional shocks may cause disturbances of the glandular organs, the ductless glands in particular. In one young woman, menstruation ceased on the second day when a large projectile fell not far from her. Another subject's menstrual periods always began six or eight days too soon when the town was being shelled. In several instances the mammary glands ceased to secrete. Chlorosis was frequently met with. In one case suppression of menstruation was accompanied by a considerable enlargement of the thyroid gland, with increased pulse rate. Several instances of Basedow's syndrome were seen. Two patients showed glycosuria after bombardments. The glands most notably affected by emotional shocks are the adrenals. The majority of the symptoms in subjects thus shocked are to be ascribed to sympathetic stimulation through increased secretion of adrenin. Such subjects show ocular manifestations, retraction of the cutaneous muscles, diminution of saliva, and tireless activity in seeking shelter. Where the shocks are particularly violent, an inhibitory action on the adrenals, or a destructive effect on the parenchyma of these organs may be substituted for the increased production of adrenin. Relatively slight but repeated emotions, however, cause persistent adrenal excitation with hypersecretion of adrenin and a lasting abnormal exaltation of the sympathetic system. The relatively marked effect of repeated emotions on the diastolic pressure is due to the increased adrenin secretion, which augments peripheral arterial resistance. The chronic sympathetic overactivity resulting from the constant hypersecretion of adrenin accounts for all the functional changes occurring in the other endocrine organs.

**Davies, H. W., and Priestley, J. G.** NERVOUS SYSTEM AND SYMPTOMS OF D. A. H. IN NEURASTHENIC PATIENTS. [British Medical Journal, October 4, 1919.]

These observers investigated one hundred unselected patients admitted to hospital for neurasthenia and found definite symptoms of D. A. H. in thirteen, less marked symptoms in fifty-seven, and no appreciable evidences of D. A. H. in the remaining thirty patients. Among the one hundred patients fifty-two gave a history of gassing or of recent infection previous to the development of the neurasthenia. Among those with definite D. A. H. symptoms 92 per cent. gave a history of recent gassing or of infection; 65 per cent. of the less marked D. A. H. cases gave a similar history; while among those without such symptoms only 47 per cent. gave a history of gassing or infection. The neurasthenic symptoms were so varied that they could not be properly analyzed, but no relation could be discovered between the frequency of occurrence of exaggerated reflexes and the severity of the D. A. H. symp-