

yet others. They must be dealt with according to their several temperaments, and whether they had neuroses or not, nearly entirely depended upon their officers. Rarely had officers of this stamp to say: "If you do not carry on I have a bullet for you here." They induced the men to relieve themselves of the burden that oppressed them. The medical officers did not have such constant opportunities of watching the men, but when sick they had somewhat exceptional ones for becoming acquainted with their idiosyncrasies. The human mind was always peculiarly open to suggestion. The soldier was so, in particular, and the sick soldier preëminently so. Moreover, they believed in their medical officers. Subjection to strict discipline, the fear of severe punishment or death from allowing their emotions to run riot, had a strong restraining influence. Training of the body and mind tended to keep up morale. The life of the soldier was apt to lead to the unleashing of the primitive emotions and especially of that of fear. Soldiers could be prepared to be harassed by Huns. They could be prepared to combat fear successfully or to hold in check sex emotions. They could be taught that discipline was both for the good of the state and themselves. They should be taught the cause and origin of neuroses by the medical officer and told that fear is a normal healthy reaction, in the presence of danger, and came to all except to the insane and the liar. A discussion of fear did soldiers much good. When they knew that every one was doing his bit, the knowledge gave them confidence, and confidence was essential. Officers, then, were responsible for the existence of neuroses in regiments, and the condition could be prevented by the establishment of confidence between them and their men.

**Leahy, S. R.** BORDERLINE PSYCHIATRY. [Neurological Bulletin, Vol. I, No. 5, 1918.]

In the borderline group of psychoses Dr. Leahy includes the various depressions, early dementia precox, some paranoid conditions, and the various neuroses all representing types of social maladjustment and maladaptation. These psychoses apparently result from the inability of the patient to correctly analyze the complexities and unpleasantnesses of the situation in which he finds himself and to see things in their true light. The inadequate and false analysis which he makes results in the abnormal acts which constitute the picture of his psychosis. In the dementia precox cases there is a distinct relation to the psychoneuroses, and it is often difficult to make a correct differential diagnosis. It is possible to formulate all of the mental symptoms in the same way that they are formulated in the psychoneuroses, and they are capable of interpretation solely at the psychological level. However, it must not be forgotten that recent investigations are tending to show more and more that there are distinct biochemical changes during life, and that pathological changes are found after death. These pathological findings must be conceived as being correlated with the psychic symptoms.

At present we are unable to make any specific correlation between the physical findings and the mental symptoms, but it is quite possible to reconstruct the psychosis purely in psychological terms. Dr. Leahy believes much can be done to benefit these so-called borderline cases by unearthing and discussing freely with the patient the conflicts which are the sources of his difficulties, and so modifying his mental trends by a process of reëducation and readjustment, based on a true understanding. By coöperation with teachers and parents in the early life of the child, much can be done to avoid the pitfalls of adolescence and later adult life. While analysis and uncovering of the painful situation is most desired, it may also be necessary to bring about a change in the environment or occupation of the patient. Two cases of borderline psychosis are reported.

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**Russell, Colin.** THE PROBLEM OF THE RETURNED SOLDIER. [Tr. Ontario Med. Assoc., Canad. Med. Assoc., N. Y. Med. J1., July 6, 1918.]

Lt.-Col. Russel's paper dealt with psychogenic conditions in soldiers, their etiology and treatment. The psychogenic conditions and the subdivisions of this type were described. Such conditions comprised physical and mental disabilities, but the futility of refinement of classification was obvious. Psychogenic conditions represent a conflict between the natural inherent instincts and the more lately acquired control of these instincts by the higher centers. The effect on the result of the conflict of deficient control was either congenital as in mental deficiency or due to lack of proper training as well as to natural exhaustion of the acquired higher control under prolonged strain. The defeat of the higher centers and the abolition of the critical activities of the censor rendered the patient open to suggestions that met the wishes of the conquering instinct. They varied in type from complete blindness to complete mutism and, curious to relate, all these types appeared in epidemics. During the early stages of the war, trench fever was remarkably prevalent. This type had almost wholly disappeared. The conditions follow-shell shock presented no physical or pathological symptoms. They simulated, however, a variety of pathological states. For example, convulsive seizures resembling epilepsy occurred sometimes subsequent to shell shock. These seizures differed from true epilepsy, in that the movements were purposeful, whereas, in true epilepsy, the reverse obtained. These conditions were classed formerly under the term hysteria. War had not been responsible for their initiation, but had aggravated inherent instincts. The treatment of such conditions consisted in putting down the usurping instincts and stimulating the higher centers to resume the duties allotted to them. The conditions of shell shock being often due to an idea, the treatment of these cases should be in special hospitals in charge of experienced men. An authority on the subject had stated that ninety per cent. of psychogenetic cases were capable of cure.