

The neurological hypothesis is untenable owing to: (1) the lack of direct evidence for the existence of an organic basis; (2) the sudden disappearance and mutability of symptoms; (3) the effect of psychological treatment in curing and ameliorating the symptoms; (4) the occurrence of precisely similar symptoms in men who had never been subjected to any exposure liable to cause organic damage.

The psychological explanation is found in the very nature of man. In every normal individual there is a latent tendency toward the arousal of certain emotions by certain stimuli. These emotions, which find their origin in man's instincts,—the combative, social, repulsive, fearful, etc.,—tend, when aroused, to produce their characteristic effects. They are, on the other hand, counterbalanced by a more or less considerable amount of power of resistance. Under the long-continued strain of modern warfare, the reserves of mental energy gradually become exhausted. The balance is disturbed at a given moment, and an unexpected shock, *i.e.*, a sudden inrush of the emotion-arousing stimulus, may cause a breakdown. The commonest form of war psychoneurosis is the "*névrose d'effroi*," the symptoms of which are: headache, giddiness, mental confusion, visceral disorders, etc.; other forms show paralyses, contractures, etc.; a third class consists of cases of complete amnesia and fugues; a fourth group which may be called the "conversion" class, consists of cases in which the psychical trauma is converted into bodily symptoms; the fifth and last class is made up of combined types, including, first, cases showing the symptoms of both neurological and psychoneurotic troubles; second, of war psychoneurosis which has developed in conjunction with preëxisting psychoneurosis.

Prognosis and Treatment. Shell shock, when treated with proper understanding, is, in the large majority of cases, not a serious condition. Seventy per cent. of the cases treated at advanced centers in France are made fit to return to duty.

The main principles of the treatment may be summarized as follows. The atmosphere of the wards should be one of understanding and of cure; an attitude of rational firmness must be maintained toward the patient from the outset; and the chief problem is to effect the rearrangement of the disorganized mental activities and to bring the conflicting forces in the mind into a state of equilibrium. This can be carried out by means of a system of mental analysis and individual rééducation.

Lhermitte, J. EXHIBITIONISM IN WAR NEUROSES. [*Progrès Méd.*, 34, May 24, 1919.]

Ostentatious display of the results of war injuries is one of the by-products of the recent world cataclysm. The author has coined a new term for it, pathodixia, but without contributing much to its inner significance. The initial emotional phase, he states, is followed by a phase of hypochondriac uneasiness and this finally settles into automatic stereo-

typed attitude. In many respects it shows ambivalent symptoms to Babinski's group of anosognosias, in which the *belle indifférence* of many hysterics is manifest.

Yealland, L. R. PSYCHOGENIC VISUAL DISORDERS. [Br. J. Ophth., Nov., 1918.]

Visual disturbances are the least common of hysterical manifestations, according to this author. They may be divided into two classes: (1) those in which the contraction of antagonists may be demonstrated; (2) those in which contraction of antagonists cannot be demonstrated. Blepharospasm is a typical example of the first class. Failure of vision is due to the inability the patient experiences in attempting to open the eyes. Instead of the orbicularis relaxing, it contracts and overmasters the levator and the eyes remain shut. The patient is seated six meters from a vision card and a faradic current applied to the closed lid until he can open it and read $\frac{1}{100}$. The treatment is continued, possibly for an hour, till he reads $\frac{1}{10}$. Ptosis is treated in the same manner. Spasm of accommodation may be included in this first group if the suspensory ligament is regarded as the antagonist of the ciliary muscle. The faradic current is employed to reëducate the patient to see near and distant objects. The patient is made to read letters on the vision card first at six meters; the card is then brought closer and closer to the patient, and when read correctly is brought back again to its former distance. Class II includes limitation of the fields of vision and embyopia. The use of Bjerrum's screen readily shows inconsistencies in the patient's fields. Faradism during field testing results in cure. Amblyopia by itself is very rare, and in the author's experience always monocular. If unattended by other signs of hysteria, it is probably simulated, he believes.

Vignolo-Lutati, C. PRECOCIOUS CANITIES AND WAR PSYCHOPATHY. [Policlinico, 1918, 25, 680-685.]

Records nervous cases of total, regional, unilateral and other canities following soon after long mental and psychical strain and usually permanent. Frequent precursors were obstinate headache and neuralgia.

Charlier, J. CANITIES OF NERVOUS ORIGIN. [Prog. med., 1918, 210-211.]

Canities of one side, loss of corneal sensation on one side and of the reflex of the cornea developed in the case of one soldier, aged 24, after a wound in the left parietal region.