

ism and quackery, and was quite different from the notions many Americans have of it. It was a valuable procedure.

Dr. Leslie Meacham said he had been interested in this subject for sixteen years and had had much experience in experimental hypnotism, in teaching that and principles of psychotherapy to physicians and the practice of psychotherapy. Men failed in trying to use this treatment because untrained. They cannot judge the suggestibility of the patient or give suggestions properly. In his own practice for the last five years he had found hypnosis rarely necessary. To succeed in this work one should understand psychology and pedagogics as well as nervous and other diseases, and all other therapeutic agents should be employed in the general treatment of the patient and care of the underlying neurasthenia. People using psychotherapy sometimes ignore the physical needs. His own methods and principles were similar to those of Dubois, considering the work properly to be one of reëducation. As a preliminary it is necessary to explore the utmost depths of the patient's mind, determine all the psychic errors and their origin. In the majority of cases systematic suggestions, earnestly repeated, logically given, are sufficient. Build up his hope and courage and self-control, develop his powers and enable him to help himself. The only cases in which he found it necessary to use hypnosis were those exhibiting morbid fears, fixed ideas, etc., *i. e.*, the pure psychoses, habits, some forms of hysteria and periodic alcoholism. Chronic alcoholism readily yields to systematic suggestion. Many fail in their attempts to use psychotherapy because of insufficient preparation for the work. They do not know the limits of suggestion, the frequently slow progress to recovery, and expect to cure serious cases in two or three treatments. Physicians and patients often expect only actual hypnosis by the psychotherapist. The pedagogic side of psychotherapy has not been sufficiently insisted upon.

THE BOSTON SOCIETY OF PSYCHIATRY AND NEUROLOGY

November 23, 1907

WITH

THE NEW YORK NEUROLOGICAL SOCIETY AND THE PHILADELPHIA NEUROLOGICAL SOCIETY, AS GUESTS

The President, DR. W. N. BULLARD, in the Chair

Dr. Knapp showed a young man of eighteen who had had hemiatrophy of the left side of the body, associated with scleroderma, for two years.

A CASE OF DIVERGENCE PARALYSIS

By G. L. Walton, M.D.

The case was that of a young man (seen in consultation with Dr. Clap), who was thrown from the running-board of an electric car by striking a post. While still in bed he found that he had double vision for objects directly before him at a distance. There was a hematoma over the anterior parietal region on the right and a bruise of the left temple. The genuineness of the double vision was shown by the fact that the two