

tion. Cases are recorded to show that such psychological treatment is neither so impossible nor so tedious as some maintain, that the neuroses are not meaningless conglomerations of symptoms, but the expression of well-defined anxiety and that the prevention of relapse is bound up with the discovery of this anxiety and with its abolition, or its perception by the patient in another light.

Mingazzini, G. THE CLINICAL ASPECTS OF FUNCTIONAL HEMISPASM OF THE TONGUE. [*Riv. di patol. nerv. e mentale*, 23, 125.]

In the first of the two cases here reported occurring in a woman seventy-one years of age, the spasm was chronic in character and affected the tongue and muscles of the lips. The second was a soldier twenty-seven years old, who after an emotional shock developed a tonic permanent spasm of the stylo- and hypoglossus, soft palate, and part of the masseters. Other recorded cases of isolated or associated spasm of the tongue are briefly taken up.

Boisseau, J. A METHOD OF TESTING ORGANIC OR PSYCHOGENIC NATURE OF MUSCULO-SPINAL PARALYSIS. [*Presse méd.*, 27, 1919, 247.]

The organic or psychogenic nature [the author uses the obsolete term functional] of a musculo-spinal paralysis may be detected by the attitude assumed by the fingers in abduction. In somatic paralysis the middle finger remains motionless and the index separates from it, the first phalanx becoming flexed and the other two remaining extended at the same time. The ring finger shows more pronounced movement, which is even more exaggerated for the little finger. The thumb is abducted and opposed, and is turned to the ulnar border of the hand in spite of the patient trying to carry out the opposite movement. In psychogenic paralysis the patient, when asked to separate his fingers, either says he cannot do so and his fingers remain motionless or the separation occurs as on the sound side. When he says that he cannot carry out the movement the fingers should be separated passively and he is asked to keep them so. In mixed or somato psychogenic cases abduction of the fingers shows the nerve lesion is not repaired, or, on the other hand, if abduction takes place normally, that the lesion is cured. The following explanation is given of the attitude assumed by the fingers in organic musculo-spinal paralysis during attempts at abduction. Normally the interossei produce (1) a movement of flexion of the first phalanges and of extension of the last two, which movement does not necessitate the extensor tendons being stretched; (2) a movement of abduction which can only take place when those tendons are stiffened by contraction of the extensors. It is therefore obvious that in musculo-spiral paralysis, while the first movement is possible, the second cannot be carried out. The efforts made by the patient involve the synergic contraction of other muscular groups, the thenar and

hypothenar muscles placing the thumb and little finger in the position described. The index and ring finger respectively are passively drawn over by the displacement of the thumb and little fingers.

Austregesilo, A. SEXUALITY AS A FACTOR IN THE NEUROSES AND PSYCHOSES. [Arch. Bras. d. Med., Vol. 9, 1919, No. 2.]

It is the experience of many years of observation as a neurologist and psychiatrist that the factors of sexuality play a predominant rôle in the neurotic and psychotic. He states that in every form of dementia, toxic psychoses, psychoneuroses, as well as in all types of imbecility and idiocy anomalies in the genital sphere are to be found in almost every case, if not in all. Erotic elements are evident everywhere in the delirious. This is inevitable he declares since the history of mankind is a record of war and religious mysticism, both of which are expressions of the sexual instinct. Heretofore the problems of sexuality have been recorded chiefly by poets, novelists and artists of all ages, but scientists have been very reserved until Freud's definite stand.

Brown, Wm. HYPNOSIS, SUGGESTION AND DISSOCIATION. [British Medical Journal, June 14, 1919.]

The author says that there is an overwhelming consensus of opinion that the one satisfactory method of treating the various forms of functional nervous disorder is that of mental analysis and reëducation which can be summed up in the term "autognosis," or self knowledge. He believes that hypnosis can be used to great advantage in this plan of treatment, but not, as formerly, for the purpose of reinforcing suggestion. Its field of usefulness lies in bringing into the patient's consciousness all of the circumstances through which he passed at the time of the development of his nervous disorder. By inducing light hypnosis and causing the patient to go through all his initial experiences these are thus brought into his consciousness and many of his disabilities are at once removed, those most readily removed being mutism, paralyzes, contractures, and tremors. Various disorders of the vegetative nervous system are also much benefited, even more in fact than paralyzes of the voluntary muscles. The extent to which the conditions are relieved depends upon the completeness with which the patient's original experiences are revived. The method has proved most satisfactory in early cases, but is not available in chronic cases in which there is marked fixation of symptoms.

Frank, A. EMOTIONAL DISTURBANCES IN CHILDREN. [Corresp. f. Schw. Aerzte., May 10, 1919.]

This article gives some illuminating examples of the unconscious sexual motivation which lies behind incomprehensible behavior in children. One case history is as follows: W. had been a bright boy and