

soldier who stammers upon the recovery of the voice should not be left until the stammer is also cured.

Relapse is rare if a cure has been obtained within a few weeks of the onset, and the liability to relapse in long-standing cases is much reduced if the patient is given open-air occupation, and kept under observation at the hospital for a few weeks before return to duty.

The essential points in the treatment are simple persuasion and re-education continued with manipulation. The atmosphere of encouragement which should be fostered in the ward before the commencement of active treatment is essential for the cure of the case. H. DEVINE.

The Treatment of Cases of Shell-shock in an Advanced Neurological Centre. (Lancet, August 17th, 1918.) Brown, W.

Observations based on the treatment of between two and three thousand cases of psychoneurosis, the majority of whom were treated within forty-eight hours of their breakdown. Of these cases 70 per cent. were able to return to the line after about a fortnight's rest.

The essential factors in the treatment are: (1) Persuasion, whereby the patient is rationally convinced of the true nature of his symptoms; (2) the sthenic emotions of confidence, conviction, and expectation. The symptoms are of emotional origin, and result from the partial failure of repression whereby the emotion is converted into physical innervations. The period of incubation of the symptoms corresponds to the time during which the patient is endeavouring to repress the painful emotional memories. The therapeutic method employed in early cases is one of "abreaction" or "working off" of the painful emotion. The patient is put into a condition of light hypnosis, and the experiences at the time of the shock are again revived in the mind of the patient. This produces a strong emotional reaction, and the patient again "lives through" his terrifying experience. This method brings back the lost function, but not by direct suggestion as in ordinary hypnosis. The patient is told that he will remember all that has happened to him during his sleep and during the gradual waking, the suppressed memories are synthesised to his personality by talking to him of events in his daily life. H. DEVINE.

(1) *Neurasthenia: The Disorders and Disabilities of Fear. (Lancet, January 26th, 1918.) Mott, F.W.* (2) *The Psychology of Soldiers' Dreams. (Lancet, February 2nd, 1918.) Mott, F.W.*

The phenomena of neurasthenia are the result of continued emotivity and preoccupation, causing a persistent condition of neural excitation. This tendency to emotivity may be inborn or acquired. This emotional excitement often finds its source in dreams of a terrifying nature, especially, of course, in the case of soldiers; obsessional preoccupation is also an important factor. Thus neurasthenia occurs with considerable frequency in men who have never been out of England from the fear of conscription or having been conscripted. In such cases the inborn temperamental disposition plays a considerable rôle. A continued emotivity is also produced by the fear of being boarded out of service, or not being allowed to go to the Front. A mental conflict is thus produced in the

mind between the self-conservative instinct and the moral obligation of duty and patriotism.

The second paper deals more fully with the content and mechanism of the dreams of soldiers. H. DEVINE.

A Case of Pathological Lying Occurring in a Soldier. (Review of Neurology and Psychiatry, July, 1917.) Henderson, D. K.

The case recorded is the only one of this type observed in 1,400 admissions of nervous and mental cases. It presents the usual kind of history and features found in this type of disorder, and it is published not only for its dramatic interest, but more for the important educational and administrative problems it suggests.

Such cases are to be regarded as a form of high-grade mental deficiency. The diagnosis rests on the following mental characteristics: (1) Precociousness; (2) roving disposition with inability to concentrate; (3) blunting of emotional tone—lack of affection, sense of guilt, moral sensibility; (4) lying with inadequate precautions to prevent detection; (5) rather attractive personality; (6) total irresponsibility.

What is to be done with these plausible, dangerous, and attractive types? They cannot usually be certified, and prison methods only aggravate the morbid tendencies. The only solution appears to be recognition of these cases in childhood, and treatment in colonies, where they may be suitably trained. H. DEVINE.

Part III.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE SEVENTY-SEVENTH ANNUAL MEETING of the Association was held on Tuesday and Wednesday, July 23rd and 24th, 1918, at Edinburgh. The meeting on July 23rd was held in the rooms of the Royal College of Physicians, 9, Queen Street, Edinburgh, Lieut.-Col. David George Thomson, the retiring President, in the chair.

There were present: Drs. T. Stewart Adair, David Blair, C. Hubert Bond, David Bower, A. Helen Boyle, L. C. Bruce, W. M. Buchanan, Robert B. Campbell, J. Carswell, James Chambers, W. H. Coupland, Charles A. Crichlow, James Crocket, L. K. Davies, W. R. Dawson, J. Francis Dixon, Thomas Drapes, C. C. Easterbrook, W. F. Farquharson, Claud F. Fothergill, John Fraser, J. W. Geddes, J. R. Gilmour, R. D. Hotchkis, John Keay, Neil T. Kerr, J. Carlyle Johnstone, J. H. MacDonald, T. C. Mackenzie, S. Rutherford Macphail, John Macpherson, Alfred Miller, Bertha M. Mules, M. J. Nolan, W. W. Horton, James H. C. Orr, L. R. Oswald, Bedford Pierce, W. Ford Robertson, James Grieg Soutar, G. E. Shuttleworth, C. J. Shaw, J. Batty Tuke, and R. H. Steen (Acting General Secretary).

Present at the Council Meeting: Lieut.-Col. D. G. Thomson (President), in the Chair, and Drs. T. Stewart Adair, A. Helen Boyle, Robert B. Campbell, James Chambers, Thomas Drapes, C. C. Easterbrook, J. W. Geddes, Alfred Miller, L. R. Oswald, G. E. Shuttleworth, and R. H. Steen. Dr. Soutar attended the Council on the invitation of the President.

Apologies for unavoidable absence were received from: Sir Robert Armstrong-Jones, and Drs. Fletcher Beach, R. R. Leeper, J. B. Spence, H. Wolseley-Lewis, R. H. Cole, R. Eager, M. A. Collins, Norman Lavers, G. N. Bartlett, F. H. Edwards, Henry Rayner, P. W. MacDonald, J. G. Porter Phillips, Donald Ross, James M. Rutherford, R. Dods Brown, H. de M. Alexander, William Brown, W. Tuach-MacKenzie, and T. E. K. Stansfield.