distinguishing trait "which is foreign to many criminals: indolence". Also he is of opinion that "the particular method of therapy is a matter of comparatively little importance in the cure of hysterical manifestations". All who have knowledge of the historical aspect of the subject, or who have had experience of the ways of the hysteric, will probably endorse this dictum.

HUBERT J. NORMAN.

The Psychology of the Special Senses and their Functional Disorders.

By ARTHUR F. HURST, M.A., M.D. Oxon., F.R.C.P., Physician and Neurologist to Guy's Hospital. Pp. 123. *Oxford Medical Publications*. 1920. London: Henry Frowde and Hodder & Stoughton. 12s. 6d. net.

THIS book is founded on the Croonian Lectures for 1920. Dr. Hurst defines hysteria as a condition in which symptoms are present which have resulted from suggestion and are curable by psychotherapy. This implies that he considers such symptoms may occur in anyone and not necessarily in hysterical subjects, and that physical stigmata are not present in the patient till looked for. With regard to the mental stigma of suggestibility, the author points out that this is an innate characteristic of everyone and given a sufficiently strong suggestion, a hysterical symptom may be produced in a person of normal suggestibility.

Dealing with the senses in order, the author first discusses touch. He recognizes anæsthesia due to: (1) Heterosuggestion by the examining physician looking for stigmata; (2) Perpetuation of the anæsthesia accompanying stupor, especially when the suggestion is accentuated by the neurological examinations of the physician; (3) Perpetuation of organic anæsthesia, (a) due to injury of peripheral nerves after the effects of the injury have passed off, or (b) similarly due to temporary injuries to brain and spinal cord; (4) Perpetuation of anæsthesia due to peripheral anæmia resulting from disuse or injury to vessels.

The explanation given of all these forms is the withdrawal of attention from the area of skin involved; moreover, the fact that in extreme cases of hysterical anæsthesia the superficial reflexes may be lost points to an increased resistance somewhere in the reflex arc, presumably at the synaptic junctions. The direction of attention to the afferent synapses, the result of persuasive treatment, presumably reduces this resistance.

Hysterical cutaneous hyperæsthesia is produced by suggestion in the same way as anæsthesia, and is due to the concentration of the patient's attention on a particular area of the body, and this may be intensified by the presence of real pain in this area. So readily is hyperæsthesia induced by suggestion that Hurst regards Head's areas of hyperæsthesia, which were supposed to be due to visceral disease, as essentially unreliable. The perpetuation of pain as a hysterical symptom is of frequent occurrence, since attention is particularly liable to be directed to a painful part, thus lowering the resistance at the afferent synapses.

Hysterical deafness may result from a persistence of concussion deafness, or of that due to temporary meningeal involvement of the eighth

nerve, the idea of complete loss of hearing being suggested by its temporary absence. This deafness is due to the absence of attention increasing the resistance at the synaptic junctions, and this may be sufficiently profound, in severe cases, to interrupt the jump-reflex, which Sherrington has shown to involve no higher level than the mid-brain. The author's observations show that most of the criteria which the text-books lay down as distinguishing organic from hysterical deafness are unreliable, including the supposed association of the latter with anæsthesia of the external ear.

In absolute deafness the vestibular reactions are almost always pathological in organic cases and normal in hysterical cases. The hyperacusis and exaggerated jump-reflex of some nervous patients are explained by the diminished resistance of the synapses consequent on the strained attention of the patient listening for sounds of shells and other danger noises.

Hysterical blindness is capable of a similar explanation to hysterical deafness, namely, the absence of attention which is necessary for looking, consequent on the acceptance of the suggestion that vision is impossible. Hysterical blindness is usually accompanied by, and is particularly due to, blepharospasm and lack of co-ordinate action of the ciliary muscle, and it is by re-education in the proper use of these muscles while persuading the patient to look, that sight is restored. As in the case of deafness, the text-book signs which are said to be diagnostic of hysterical or organic blindness are shown to be unreliable, and the retraction or other alternations of the field of vision on which Charcot laid such stress are the results of suggestion by the examining physician.

The book is very readable, and gives a clear conception of the author's ideas of hysteria. Some will not find themselves in agreement with these, preferring to differentiate habit-continuations of organic disabilities from so-called conversion-symptoms which depend directly on abnormal mental processes. Nevertheless the opinion is becoming more general that although hysterical symptoms may be used by a neurotic patient to compensate and cloak a painful mental situation, yet their origin may always be traced to a suggestion. The unification, therefore, of all symptoms so derived under one heading and definition is desirable and, moreover, pragmatically useful, since the early removal of hysterical symptoms is the ideal to aim at, however complicated a neurosis may be. The only risk of Dr. Hurst's methods is that the inexperienced may fancy that having removed the hysterical symptom he has necessarily completed his duty to his patient. The conception of the lowering of synaptic resistances by the effort of attention is somewhat speculative; but it provides a useful concept, points out a clear method of treatment, and may be provisionally accepted until more detailed knowledge of the subject is available.

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The Diagnosis and Treatment of Peripheral Nerve Injuries. The first Report of the Committee upon Injuries of the Nervous System. Pp. 59. Special Report Series No. 54 of the Medical Research Council. 1920. London: His Majesty's Stationery Office.

THIS first report of the Committee of the Medical Research Council