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.

R. G. GORDON.

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

appointed to deal with injuries of the nervous system contains much useful medical, surgical, and pathological information on the whole question of peripheral nerve injuries in general and of individual nerves in particular. Methods of clinical investigation are described in detail, and the indications for and against operative interference are clearly set forth. Non-operative treatment also receives considerable attention.

The subject of peripheral nerve injuries is in reality so large that the Committee have done well to avoid debatable and purely theoretical considerations and to confine their attention almost entirely to the practical side. At the same time we feel that certain points have not been made as clear as is desirable, doubtless from a praiseworthy attempt at conciseness. It is stated, for example, that in hysterical palsies a muscle which fails to contract in the attempt to make an active movement may yet display its integrity when exercising its synergic function. Such a phenomenon, however, is in no way confined to hysteria. In an ordinary case of hemiplegia the latissimus dorsi may not contract voluntarily and individually although it does synergically. The Committee have noted the common observation that certain muscles may not contract voluntarily after a nerve lesion although their electrical reactions have returned, and consider this defect 'functional but not hysterical'. In view of the obvious confusion arising from such a statement, it is regrettable that the specific meaning attached by the Committee to these terms is not indicated; nor are practical tests for the distinction of the two conditions supplied. We note in particular the apparent absence of any reference to the important phenomenon of defective inhibition of antagonistic muscles as a feature of hysterical motor defect.

The interesting and difficult question of causalgia receives some consideration. The experience of the war has added little to the original clinical descriptions of half a century ago, but important advances have been made in treatment. We gather that only in a minority of cases is operative interference desirable; either resection of a portion of the damaged nerve followed by suture, or injection of the nerve with alcohol well above the site of injury, is advocated. The report does not mention the fact that occasionally one injection proves unsatisfactory, and that a series of injections at several points in the central part of the nerve may give a much better result. Nor is there any reference to the method favoured by some French authorities of dealing with sympathetic periarterial plexuses in this connection.

The general position is adopted that, in the average case of nerve injury, as long a period as nine months of non-operative treatment may be allowed, and that the results of operative interference as late as two years after the injury are not inferior to those obtained by a much earlier surgical treatment. It may, however, we think, be maintained that the patient has nothing to lose and everything to gain by as early operation as possible in cases where the clinician is in any way doubtful of the prognosis. While the Committee give the details of the intervals elapsing between operation and the first return of motion or sensation for the chief peripheral nerves, we should have welcomed any collected statistics as to the actual sequel

of operative handling of such lesions now that sufficient time has elapsed for a review of therapeutic results.

Notwithstanding these and other criticisms that suggest themselves, we can commend the Committee's report as a practical and useful contribution to an important branch of neurology.

Psychoneuroses of War and Peace. By MILLAIS CULPIN, M.D. (Lond.), F.R.C.S. (Eng.), Lecturer on Psychoneuroses, London Hospital. 8vo. Pp. 127. 1920. Cambridge University Press. 10s. net.

THE main object of this thesis (which was approved for the degree of Doctor of Medicine in the University of London) is to discuss the bearing of the theory of the unconscious upon the psychoneuroses of soldiers, and it is hoped that the practical details given will aid others in treatment. The author is a firm believer in the psychogenesis of the various morbid symptoms met with, and finds their pathology satisfactorily explained by the psychological mechanisms of repression and dissociation. Though in many ways Freud's theories are here supported, the nosological conceptions of Janet are followed as well, so that we find psychasthenia prominently in the classifications used, though the anxiety state is considered separately. Dr. Culpin does not seem to regard the anxiety state as being hysterical in nature, and all that is not somatic symptomatically is either grouped under the anxiety conditions or under that somewhat vague term psychasthenia. Thus hysterical phobias do not seem to be recognized, and stammering and amnesias do not come under the heading of hysteria.

It is patently a difficult task to describe adequately in a few pages the psychopathological mechanisms involved in the psychoneuroses, and one might here allude to some doubtful statements which are made. Can we scientifically say that the stream of consciousness receives 'ideas' from the outside world? Should one conceive the 'conscious' and the 'unconscious' blending one into the other? From a strict psycho-analytic standpoint the term 'repression' is used where 'suppression' should be, as repression is looked upon as purely an unconscious condition, whereas suppression can be carried out either consciously or unconsciously.* Some other loose phraseology might also be drawn attention to. It may be pointed out here that McDougall has lately amended his definition of suggestion, which the author quotes, for as it stood it implied that the suggested proposition is necessarily one which cannot be logically justified. Hence his interposition of the words, "independently of the subject's appreciation". Dr. Culpin agrees with some of Babinski's views, but he regards his ideas as imperfect because the latter takes no account of the important factor of the affective state and neglects the question of repression. The author gives the main factors in the production of the psychoneuroses of war as: (1) Repression of fear of danger and discomfort; (2) A weak herd instinct; (3) Stress of immediate surroundings. He also describes a

* The energy expended in repression is preconscious, but in suppression it may be a conscious expenditure.

small but well-defined group where no repressions are found, but a fairly constant sequence of cause and effect. The development of these disorders is not discussed deeply, and many psychopathologists would tend to regard the problem as much more complicated and abstruse than one would gather from these pages. Is it true to say that the symptoms of an anxiety state bring no advantage to the sufferer? Surely, as in conversion hysteria, defence mechanisms are at play, and, as McCurdy and others have pointed out, the choice of neurosis depends largely upon the type of mentality, the uneducated private becoming the subject of conversion hysteria, while the officer develops an anxiety hysteria.

Under treatment, the methods of suggestion, persuasion, abreaction, hypnosis, and analysis are discussed. In the revival of memories, association in the hypnoidal state was used in preference to free association, and word association was found to be a useful adjunct. Dreams are considered from the point of view of a symptom, a means of approaching repressions, and as a standard of recovery. Various types of war dreams are given.

The second half of the book is devoted to cases illustrating phobias, obsessions, hysterical fits and epilepsy, stammers, tremors, amnesias, pathological irritability, and difficulties in diagnosis. In summarizing, the author regards the psychoneuroses of war as comparatively easy to treat, and on the whole is fairly satisfied with his results, but believes civilian cases to be much more complex and difficult to handle. He concludes by stating that his results find their readiest explanation if we accept Freud's theory of mechanisms, and that to a large extent "the theory of the unconscious must be admitted as necessary to the understanding and treatment of the psychoneuroses".

The book is very readable, and many will doubtless glean much which will be helpful towards a better understanding of the war patient.

C. STANFORD READ.

EDITORIAL NOTE.—We have received a communication from Dr. C. Stanford Read with regard to his review of Freud's "A General Introduction to Psychoanalysis", which appeared in the last number of the JOURNAL. Dr. Read desires to point out that the criticisms with regard to the use in the book of certain terms (p. 306) refers solely to the American translation. He understands that another translation is being prepared in this country.