

salamander, always cooked to death," and with Mrs. Shegessdit—a name full of significance—are diverting reading. And the real meaning of such performances as the three-card trick (no longer a mere "trick") and thimble-rigging (nothing to do with sleight-of hand), as explained on occult and spiritualistic principles, form a suitable climax in this amusing—and amazing—brochure.

Part III.—Epitome of Current Literature.

War Neuroses and Military Training. (*Mental Hygiene*, October, 1918). Rivers, W. H. R.

In this report to the Medical Research Committee Dr. Rivers concisely sets forth some of the results of his experience. War neuroses, he finds, fall into three main groups: (1) Hysteria, though the term is admitted to be unsatisfactory; there is some definite physical symptom (paralysis, deafness, mutism, etc.), such as can be readily produced by suggestion in hypnosis. (2) Anxiety neurosis, but usually termed neurasthenia; there is physical fatigue and organic slackness with, on the mental side, irritability or depression. (3) Definite psychic manifestations; there are many varieties—including a manic-depressive tendency, morbid impulses such as to murder or suicide, obsessions, phobias—but the special feature is always a resemblance to the definite psychoses, but yet without the severity or fixity which renders any legal restriction on the patient necessary.

There seems nothing specially original in the grouping. Dr. Rivers proceeds, however, to bring forward some interesting considerations with regard to the varying incidence of these groups of disorders respectively on officers and on men. There is no reason to suppose that the third group are specially liable to affect either officers or men. But of the other two groups hysteria is almost exclusively confined to the men, while anxiety neurosis, though not similarly limited to officers, affects them much more frequently and much more profoundly. This difference, Dr. Rivers seeks to show, is largely explainable by the varying conditions of training and duties in the two classes. "The neuroses of war depend upon a conflict between the instinct of self-preservation and certain social standards of thought and conduct, according to which fear and its expression are regarded as reprehensible." In cases of the first group the conflict is solved by some disability which incapacitates the patient from further participation in warfare. In the second group the conflict is not solved, but rendered more acute by weakening of the social factor through strain, etc. One cause of the difference is the superior education of the officers, which renders them subconsciously dissatisfied with the easy hysterical solution of the conflict. Another possible cause is the greater repression of fear in the officers' early education. The first aim of military training is to enable the soldier to act in harmony with the aggregate, and the agencies are habituation and suggestion. The next great aim is to enable him to withstand the strain of warfare, and the

chief agencies are repression and sublimation (of which *esprit de corps* is an important development), together with side-tracking (of which swearing, conviviality, and athletics are all manifestations). Of these main agencies upon which the success of military training depends, suggestion acts most potently on the private, sublimation and repression on the officer. It is thus that military training tends to determine the character of the neurosis from which each will suffer.

The present unsatisfactory character of the nomenclature is dealt with. For "hysteria" Dr. Rivers rejects Babinski's proposed term "pithiatism," as well as Freud's "conversion neurosis," and considers that "suggestion neurosis" would be the appropriate term. He defends the use of Freud's term "anxiety neurosis" for the "neurasthenia" group, but uses it in a wider sense than Freud. The appropriate treatment is to lessen suggestibility by re-education, and in regard to anxiety neurosis to concentrate on prevention. Most success, as Dr. Rivers has elsewhere stated, has been attained by a mental analysis resembling Freud's psycho-analysis, but not attempting to go deeply into the unconscious.

HAVELOCK ELLIS.

The Rôle of Focal Infections in the Psychoses. (*The Journal of Nervous and Mental Diseases*, March, 1919.) Cotton, H. A.

In this paper the writer urges the important part played by chronic, masked, or focal infections in the production of the psychoses. His cases are submitted to a most thorough bacteriological examination on modern lines, and special attention is paid to the teeth, which are examined by the dentist and if necessary radiographed. Most of the focal infections due to streptococci have their origin in the teeth, and in the course of time these organisms reach remote organs and other structures. In support of his views case histories are given and included under three headings: (1) Severe cases of mania all of whom died, and the autopsy revealed the cause of death as bacterial infection. (2) Hypomanic cases, which cleared up rapidly under treatment. (3) Profound depressions, clearing up when the infection was recognised and treated.

As a result of these researches the following points are emphasised:

That the organisms concerned in focal infections in these cases belong to the slow-growing, non-pus-producing type which are extremely toxic, their origin is usually the teeth, and they may so spread as to persist after the teeth are extracted.

That a thorough search for chronic infection is imperative, and that bacteriological examination should be an essential part of the work in every hospital for the insane.

That prophylaxis in mental disease should include the education of physicians and the public in regard to the fact of dental infections, and dentists should realise the damage resulting from faulty dental work.

That many psychoses could be prevented, and chronic psychoses cured, if these principles were followed in treatment.

H. DEVINE.
