effect; or as a case of pre-established harmony which cannot be further explained. Another theory is the monistic; that mind and body interact as a unity, but in regard to which the ultimate reality may be either mental (idealistic) or material, and the term psycho-physical parrallelism has been brought in to explain that the brain or the nervous system is the outer form of the inner unity of consciousness, the world of matter and the world of consciousness being parallel manifestations of one underlying substance.

It is thus seen that we get little help from an appeal to philosophy, there is merely offered to us the statement of a fact, but no explanation of the phenomenon, so that we are left in some confusion.

A like confusion attends the terminology of the many disorders that result from affections of the nervous system. Even the term *psychosis* is misunderstood and misapplied. In an elementary textbook upon psychology, we find the expression "no psychosis without neurosis," by which the author means to imply that there is no mental action without its corresponding nervous action; in other words, that there is a neural process corresponding to every mental phenomenon. Yet, as we know it in neurological medicine, the term psychosis has only one meaning, viz., some functional disorder or disease of the mind in contradiction to the term *neurosis,* generally applied to a functional disorder of the nervous system not dependent upon any discoverable lesion, and not associated with mental symmptoms; although, in frequent instances the term is erroneously applied to mental states, as, for instance, when fixed ideas present themselves to consciousness, and are described as compulsion "neurosis." The two terms neuroses and psychoses are frequently employed indiscriminately, the one for the other. Neurasthenia is the most typical form of the neuroses as psychasthenia is of the psychoses.. Epilepsy, chorea, and probably ex-ophthalmic goitre are other neuroses. It is not the ætiology, but he clinical picture or the form which should be the determining factor, yet in the use of the terms psychosis and neurosis an emotional origin is predicated, hence the difficulty in separating form from cause.

Of the psychoses we meet with two in particular that are common under war conditions, one (*a*) is described as *anxiety phychosis* (often called anxiety neurosis) which is a functional mental disorder, characterized by depression and mental restlessness brought about by anxiety or continued depression, and (*b*) *exhaustion psychosis,* or *psychathenia,* which results from long continued insomnia, fatigue, strain, alcohol or other toxins; the only distinction between them is the agitation and restlessness connected with the one as compared with the more profound asthenia in the other, yet both may have the same factors of causation—an operation, for instance.