extensive series of amnesias, of different levels. If only the uppermost amnesia is removed it will readily recur, and the deeper the level reached in the analysis the less likely is the symptom to be reconstructed.

The treatment of a case such as the present one would consist in the following procedure. We ask why the patient wished to forget the memories in question, and we find it was because they are associated with other more painful thoughts he did not wish to recall. We then go on to ask why these other thoughts were too painful to recall, and we get a precisely similar answer, namely, because they are associated with yet deeper thoughts which he was still more desirous not to recall. We continue the investigation in the same way, constantly asking "why?" and continually penetrating deeper and deeper into the patient's mind, and reaching further and further back into his earliest memories. The pathogenic chain of associations is in this way traced to its original starting-point.

There was no opportunity of making any such analysis in the present case, but enough indications were present in connection with the terminal links in the chain to illustrate some of the mechanisms by which they were forged. The question with which we started was. "What motive had the patient for not wishing to know who he was and where he had come from?" or put in another way. "Why were his auto-psychic memories so painful to him?" The patient himself naturally wanted to recover these lost memories, but some conflicting motive for suppressing them was also struggling in his mind to gain expression, and this "repressed" wish had finally succeeded in attaining gratification.

A direct clue to these questions was obtained by innocently interposing in the conversation, which ensued on the patient's recovering his personal memories, the query, "Who is Bert Wilson?" He at once replied, "He was one of the cooks on board the *Louise*, the boat I went my first long voyage in." "What be-