crack, to touch the posts along his journey, to take the stairs three steps at a time. The habits range from the queer desire to bite one's nails to the quick that is so common in children and which persists in the psychasthenic adult, to the odd grimaces and facial contortions, blinking eyes and cracking joints of the inveterate *ticquer*. Against some of these habit spasms, comparable to severe stammering, all measures are in vain, for there seems to be a queer pleasure in these acts against which the will of the patient is powerless.

Especially do the first two described types of trouble follow exhaustion, acute illness, sudden fright, and long painful ordeal. The ground is prepared for these conditions, *e.g.* by the strain of long attendance on a sick husband or child. Then, suddenly one day, comes a queer fear or a faint dizzy feeling which awakens great alarm, is brooded upon, wondered at, and its return feared. This fearful expectation really makes the return inevitable, and then the disease starts. If the patient would seek competent advice at this stage, recovery would usually be prompt. Instead, there is a long unsuccessful