of the undiscovered suggestion which had become a habit were removed by psychomotor discipline and the tendency to further hurtful suggestions was minimized by psychotherapeutic measures consisting of the readjustment of the patient's point of view. These cases are not uncommon in practice, are rarely cured either by mediate or immediate suggestion, and require a knowledge of psychotherapeutic technique for their successful treatment.

C. Cases of hysterizability whether innate, from family predisposition, or acquired, usually in childhood on account of improper upbringing and lack of education in self-control, and against impulsivity and inattention.

These cases are in want of pedalogical as well as medical assistance but as those who usually come to the doctor do so because their ailment is supposed to be physical, the physician must become pedagogue towards these patients, at least until the false ideas as to their physical states which have arisen from suggestion have been transformed.

It is not necessary to illustrate in detail the mechanism by which suggestion produces symptoms; for that has been done in several preceding communications: The Genesis of Hysterical Symptoms in Childhood, *Medical Record,* 1910; The Function of the Neurologist, *Medical Record,* 1911; Hysteria and Pseudo-Hysteria, *American Journal Medical Sciences,* 1910; *International Clinics,* 1908, *III.; Boston Med. Jour.* 1909,*I., etc.* Besides, many of the following cases will incidentally reveal the pathogeny of their symptoms.

A. CASES WHERE THE CAUSATIVE SUGGESTION IS FOUND TO ORIGINATE IN SOME ORGANIC DISEASE.

CASE I. *An Incapacitating Hysteria Engrafted upon a Hematomyelia of the Right Hand and Arm Segments.*—A man of 20 years, apprenticed mechanic since the age of 16, was seen with Drs. Conklin and Lewis Taylor in June, 1911. Two years before, he had dived to the bottom of a creek. The concussion which ensued kept him in bed with severe headache and inability to move for three days. Urinary incontinence lasted one day. He vomited at first. For nearly a year, he was unable to walk without severe staggering, and his speech had been very difficult and still remained slow. He complained also of a great sleepiness and difficulty in holding his water; so that he was quite unable to go to work, more especially as the right hand was partly wasted and paralyzed, and he feared that what he knew to be an organic nervous disease might be aggravted by exertion. There was loss of sexual power. The boy was normal with the exception of the following abnormalities:

Reflexes.—The right plantar was absent, but there was inversion