

chogenetic cases. The real mechanism of this type is the conditioning of the mental attitude by the conviction that the patient has that he is no longer able to withstand, what he believes to be the exceptional psychic strain at the front. This vicious mental attitude has to be changed in order to help such patients, and they can be cured in a comparatively short time by a proper understanding of the patient, and a reconditioning of his reactions to the situations which formerly were provocative of fear. Showing him the mechanism of the origin of his particular phobia is an important factor in enabling him to understand the real nature of his condition. Only when the patient possesses this understanding can he view his reactions rationally and almost impersonally, and because he has learned how these reactions occurred is able to forestall them. The fear provoking situation must not be treated with a cowardly avoidance, but faced open-mindedly, the patient always analyzing his relation to the situation each time it arises and by viewing it in a scientific light, stripped of its emotional aspect and nullifying its morbid affect.

The old methods of treating phobia were very different, and not only failed in many cases, but were often definitely harmful. Ridicule helped not at all, the rest cure gave the patient time to brood over his trouble, occupation and recreation often multiplied the occasions capable of provoking the phobia, and hypnotism increased suggestibility. None of these methods aimed at the cause of the trouble as all medical art should attempt to do. In such phobias the essential cause is a conditioning of the affective reactions towards a given situation, because of a misconception regarding it.

The following military case should be studied in relation to the foregoing factors and those to follow.

*Acute Emotional Syndrome.* A sergeant, a hairdresser in civil life, just returned from a six weeks' rest, saw a nearby comrade beheaded by a stray shell which buried itself in the ground behind him without bursting. The man gave to emotion, weeping, cursing, and trembling violently, but after securing a stimulant at the dressing station, returned to his post. A few hours later he was seen with a bullet wound in the thigh. Though it was not serious, two years later he had still not been to the front.

It is a significant fact patients can be taught to control these provoked tremors in a single sitting by the use of faradism, or through skilful psychotherapeutic treatment even without the use of these painful electric currents.

*Simulation of Emotivity.* It must never be forgotten that the condition of emotionalism is easily simulated, as has been shown by the