

light touch or deep pressure; or deafness may result through the conflict of emotions connected with the sense of hearing when those connected with danger to self are repressed, and it is a recognized fact that emotions can become separated from a consciousness of their objects and "float loose" for a time, either to appear as bodily symptoms by suggestion, or directed to some consciously remembered object. Feelings can persist when their cause has dropped out of the mind. As to the "floating mental energy" referred to, the dynamic view of consciousness assumes that any conscious state is the sum total of this energy, but that any new stimulus from within or from without can shift the total equilibrium from one centre of activity to another.

The modern French school, represented by Babinski, attributes all hysterias (and most shell-shock cases come under the category) to increased suggestibility; the ideo-motor theory that either from within (auto-suggestion) or from without—by seeing others or hearing others talk (hetero-suggestion)—some suggestion gets full play, *e.g.*, the thought of loss of power in the legs may take place, and they give way or become paralysed. Dr. Rivers, if I interpret him correctly, believes the psycho-neuroses arise from "suggestion," for he refers to the training of the soldier as entirely preparing him to react quickly to suggestion.

Babinski states that all hysteria being caused by suggestion may only be cured by the same means, and we have witnessed many sudden "miracles" in this way, suggestion being either direct, such as the word of command, or indirect by way of persuasion. It is through the practice of suggestion that light hypnosis has proved helpful, and all hysterical subjects are easily hypnotized. Dejerine offers a very different picture of hysteria, and states that suggestion has very little to do with it; everybody is suggestible, and he believes that the neurasthenic patient is much more suggestible than the hysterical, whose condition, he states, is entirely due to an emotional shock, and he asserts that unless suggestion is re-enforced by emotion it cannot produce hysteria. These are the theories advanced at the present moment, and the present-day view of the pathology of hysteria is a compromise, for it has its origin in emotions, whilst its treatment is based upon suggestion. As is well known, shell-shock does not occur in the front lines, but mostly at the base or at home and in the military hospitals.

As illustrating its emotional origin, as well as the contagiousness of an hysterical emotion, may be mentioned the result of fear in the case of soldiers suffering from so-called "shell-shock," which occurred at one of the large military hospitals some three miles from Silvertown at the time of the great explosion of 1917. An entertainment was proceeding at this hospital when the sudden appalling detonations were heard, and