

agitation" of Janet. The following case is an example of this latter variety:

The patient is a male, æt. 29. As a child he was always timid, a dreamer, and fond of reading in a desultory fashion. Since the age of fourteen he has suffered from crises. These consisted at first of a feeling of anxiety and general weakness, accompanied by a universal tremor. Later, the tremor developed into inco-ordinated movements of extreme violence. The patient never loses consciousness, and there is no subsequent amnesia. The total duration is rarely more than a few seconds. The attack is most frequently caused by some emotion—often of a very trifling nature. The patient is occasionally able to avert an impending crisis by keeping quite still for a certain period with his hands in his pockets. He is constantly tormented by the fear that an attack may occur; he dare not go to theatres or concerts, and leads a solitary existence. Alone in his own room, with the door locked, he breathes freely. He complains of an incapacity for continued attention, and although he begins many things, he rarely finishes them. When he writes articles—he is a journalist by profession—he is obsessed with the fear of using a wrong word, or leaving out a comma, and hence reads his proofs again and again.

When questioned concerning the period of his life when the crises first occurred, the patient at first gave evasive answers. It was finally elicited, however, that the attacks developed from various movements of the head and limbs originally accompanying masturbation—a practice in which he has indulged since the age of eight years. For some time the attacks only occurred after masturbation, but finally they began to arise in connection with various other circumstances and emotions.

BERNARD HART.

*Hysteria as a Mental Disease [L'hystérie maladie mentale]. (Congrès de Psychiatrie, Neurologie, Psychologie, et assistance des Aliénés, à Amsterdam, September, 1907.) Janet, P.*

Hysteria is now generally acknowledged to be a mental disease, and it should therefore be studied psychologically like any other mental disease. For this purpose the common symptoms should be taken, and their relation to the personality of the patient considered. Thus one may take the "deliria" which constitute a characteristic feature of certain hysterics. These are the patients who repeat a scene in which they have formerly acted, or who put some fixed idea into action. During these attacks they are oblivious to everything not related to their delirium, and the attack is followed by complete amnesia. We have, in fact, a system of ideas escaped from, and acting independently of, the other systems constituting the personality. This syndrome differs from that occurring in any other mental disease. Disaggregation exists in the dementias, but there it is much more profound, and affects the actual psychological systems rather than the connection between them. Similarly it is quite different from systematised delusional states in which the morbid complex occupies the whole life in place of certain limited periods. The most nearly allied phenomena are those of psychasthenia, but these may be distinguished by various characteristic

signs, such as lack of completeness, of subsequent amnesia, etc. One might say, however, that hysteria is only a variety of psychasthenia.

The above considerations apply to all the hysterical accidents. Thus the functions of a limb form a psychological unity, which may in its entirety be emancipated from the control of the personality, hence leading to an hysterical paralysis. It is a question whether the functions do not suffer some alteration in themselves in addition to their emancipation from the personality—*e.g.*, the mode of muscular contraction in the hysterically dissociated limb appears to be different from that in the normal. Some alteration of this kind is also suggested in the various visceral, digestive, and circulatory troubles which occur in hysteria.

It would seem that hysterical symptoms cannot appear in every individual, but that a certain initial general change is necessary—that “diminution of psychic tension” and “lowering of the mental level,” which have been described in connection with psychasthenia. We do not know how to express this in physiological language; the attempts which have been made to do so are merely crude translations of psychological theories into vaguely anatomical language.

To define hysteria as a disease of the imagination, or of ideas, is hardly sufficiently precise, and would apply to all sorts of mental diseases. A similar objection applies to defining it as dependent upon suggestion. If, however, one regards the suggestiveness as dependent upon the dissociations induced by a narrowing of the “field of consciousness,” one makes the definition far more exact. Hence one may conceive hysteria as a form of depressive psychosis characterised by a tendency to narrowing of the field of consciousness, and a consequent dissociation of systems of ideas and functions.

This definition is, however, only provisional, and merely serves to indicate the necessity for more profound psychological analysis, and the need of giving a precise significance to such terms as “suggestion,” “obsession,” “fixed idea,” “association,” etc. BERNARD HART.

*A Case of Acathisia (akathisia paræsthetica) cured by Auto-suggestion; Vibratory Paræsthesias [Cas d'acathisie (akathisia paræsthetica) guérie par l'auto-suggestion; Paræsthésies vibratoires]. (Le Prog. Med., May 30th, 1908.) Sticherbach, A.*

The essential phenomenon in acathisia consists in the impossibility of remaining at rest in the sitting posture. The act of sitting provokes certain transitory mental or somatic symptoms of nervous origin, which disappear when the patient changes his position. The following forms have been described:

(1) *Akathisia paralytica*.—The patient displays amnesia for the combination of muscular contractions required in sitting, whilst in every other attitude he can perfectly well contract the same muscles.

(2) *A. spastica*.—Here the act of sitting provokes convulsive phenomena of hysterical character.

(3) *A. psychasthenica*.—Those cases in which impossibility of sitting depends on the feeling of intense anxiety which accompanies the act (catisophobia).

The author describes another variety which he calls *akathisia paræsthetica*. He quotes an instance in a boy, *æt.* 12. For about a year