

just mention the close analogy this dissociation of sensation has to the alteration, dissociation or exclusion of the colour fields that occur in these cases. Therefore, understanding that these conditions occur, and can be demonstrated clinically, one can appreciate how exclusion of certain functions in the higher mental centres might also occur, such as complete absence of knowledge of a language, in which the patients were at one time fully versed. Or it may affect the visual memories of the faces of certain persons, or the memory of certain places. There may be the characteristic condition so frequently described as "dual existence."

I had the pleasure of seeing an interesting case in Boston last autumn, while attending a meeting of the neurologist's club in Dr. Prince's house. The patient, a lady of bright intelligence and refined appearance, was shown to us as an example of a condition somewhat resembling a dual existence. She was suffering from synovitis of the right knee, causing enlargement of the joint, and associated with considerable pain. Dr. Prince pointed out that the patient's story of the origin and course of her joint trouble, when given verbally, was quite at variance with the report when written by a pen. When asked to explain this she stated that she had no control over the pen, and that she was compelled in some way to write as she did. To test this Dr. Prince had her translate a selection from a German work on medicine. Her knowledge of German was extremely limited, and she had to spell out the words, and with difficulty arrived at the proper enunciation. While doing this a pen was placed into her hand and she was requested to answer questions in connexion with her knee trouble. This she did in a free and easy manner, never hesitating a moment in writing out long sentences that were necessary for the description of her condition; it being done while she was struggling over the translation of the German work. I may here state that the patient had been under Dr. Prince's care for a number of years, and had shown many well marked manifestations of hysteria on different occasions.

*Motion.* The motor paralysis of hysteria differs from that of organic, in that the leg is the most involved, the arm less, and the face not at all; while in organic paralysis the arm is most involved, the face next in order, and the leg least of all. The reason for the former is that, in hysteria, the condition is one of nerve exhaustion or paresis of the vital centres. The parts of the neurones farthest away from their centres are the ones most involved. For, nerve force, generated in the cells of the cortex, would only be propagated to the distant muscles of the leg, if considerable, though it might, if far less, reach the muscles