

kept and prevented from returning to consciousness by the action of a resisting force, which is the same as that which originally brought about the repression. The repressed complex remains in the sub-conscious mind behaving somewhat in the nature of a foreign body, capable of influencing consciousness, but in a distorted or indirect way. In hysteria it is converted into the physical manifestations of the disease, such as the paralyses and the anesthetics. How this "conversion" is produced is a complicated and elaborate subject, which cannot be entered into here.

The outstanding feature of Freud's hypothesis is that the repressed complexes are invariably of a sexual character. In his own words: "He who can interpret the language of hysteria can understand that the neurosis deals only with repressed sexuality." "In a normal *vita sexualis* no neurosis is possible."¹⁷

"In the hysterical we find all sex components which exist in the undeveloped sexual constitution of the child in a state of repression. The essential basis of hysteria is thus the preservation of an infantile form of sexuality and the failure of the latter to develop into the normal adult type. The hysterical symptom is produced as a compromise between the normal outlet, the abnormal outlet, and the repressing forces exerted by education and environment." (Hart.)¹⁸

It is difficult at the present time to express an opinion upon the value of Freud's views upon hysteria. He has revived the oldest doctrine of the disease (its sexual origin), but upon a psychological basis. In reintroducing the sexual element as the sole factor in hysteria and allied neuroses he has opened the floodgates for a veritable torrent of criticism. He has been attacked vigorously by his opponents and as strenuously supported by his disciples and admirers.

Any criticism, however, of Freud's view ought to separate the hypothesis which he has enunciated, such as his conceptions of conflict, repression, and the influence of the sub-conscious mind from the method of psycho-analysis, by which he has arrived at his conclusions. There is a strong body of opinion against the universal application and acceptance of the sexual origin of hysterical symptoms. Moreover, his views upon the "conversion" of a repressed idea into the physical symptoms of hysteria would require some further explanation than has yet been given.

PSYCHO-THERAPEUTICS.

In view of the generally accepted psychical origin of all hysterical symptoms, as well as those of the closely allied psycho-