

especial diagnostic significance. The patient may not feel a touch, not even a needle sunk into the skin, and even cold and heat may not be perceived, but peculiarly, the tender spots usually remain on the same side. This loss of sensation may be partial, affecting small areas, and is often here to-day and gone to-morrow, and while it usually affects the left side it may move from one side to the other. Charcot has shown that this transfer of the anesthesia can sometimes be produced by stimulating the skin with blisters or faradism. A peculiar feature of the loss of sensation in hysterical paralysis is that it has the distribution of a sock or stocking, affecting the skin below a horizontal line drawn around the limb.

The special senses upon the anesthetic side are frequently diminished: for example, there may be temporary blindness.

The motor disturbances in hysteria may affect almost any part of the motor apparatus, the commonest manifestation being paralysis, which may appear suddenly or gradually. It may follow a hysterical convulsion and is sometimes unilateral, producing a hysterical hemiplegia, or affects both lower limbs—a paraplegia. Perhaps the larynx is more frequently affected than any other part, with paralysis of the adductor muscles, resulting in hysterical aphonia in which the patient speaks only in a whisper or is perfectly mute. These patients can sometimes sing well, but can only whisper when speaking, and cases of this kind have been known to speak quite clearly when asleep. Faradism to the larynx may lead to the sudden recovery of the voice, as in a case of a woman of 71, reported by Saville. This hysterical aphonia follows a slight laryngeal catarrh. In recovery the speech usually returns quite suddenly.

When the paralysis affects the limbs either as a hemiplegia or a paraplegia, the onset is usually sudden, but at first moderate and gradually increased, though rarely absolute. Even when persisting for a long time there is little or no muscular atrophy, and the electric irritability remains normal. It is often induced by emotion, appearing suddenly as a "giving away of the legs," and

is sometimes accompanied by pain.

In hemiplegia the left side is usually affected, and a diagnostic feature of the disease is seen in the fact that the face always escapes entirely. The organic and skin reflexes are normal, while the knee jerks are excessive, sometimes to a marked degree, and an irregular ankle clonus is rarely observed.

Next to paralysis, the commonest motor symptoms are the muscular contractions, which may be persistent, with clonic spasms or paroxysmal, as convulsions. In contracture we have a tonic spasm of the affected muscles, which is increased by an attempt on the part of the physician or attendant to overcome it, and this intensifying of the contraction under such circumstances is an important diagnostic feature. It usually persists during sleep, but relaxes under complete anesthesia, after which it may not return. It is seen sometimes in a spasmodic closure of the jaws, hysterical trismus, and is very common in the limbs, especially in the arm, in which it is always the flexor muscles that are affected, the arm being flexed and rigid, and the fingers flexed with the thumb often outside the fingers or between the first and second. Contracture may follow a convulsive seizure and frequently follows an injury. If this spasmodic contraction which succeeds an injury should, as it is likely to do, spread to muscles which could not be affected by the injury, the nature of the case is clear. In the leg these contractions usually fix it in extension instead of flexion as in the arms. Anesthesia usually accompanies this condition, affecting a stocking-like area below a horizontal line as before remarked. These contractures may persist for years, but often disappear suddenly under the influence of some powerful emotional or mental impression, and are among the cases which give such a reputation to faith curists, divine healers, Christian scientists, etc.

Of all individual symptoms the globus hystericus is the most common, and while in the majority of cases it is purely psychical, in some there is undoubtedly a convulsive spasm of the pharyngeal muscles. In