

Let us look first at the theory of Janet,¹² the distinguished psychologist of the College de France. His theory is based on the view that just as a normal person sees objects in the peripheral portions of his field of vision, as well as in the centre, so the normal mind can take in and arrange sensations, memories, ideas, and emotions, the comprehensiveness of his perception being the field of normal consciousness.

Janet's definition of hysteria implies a retraction or limitation of this field of personal consciousness, and a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality. In other words, "in proportion as the field of personal consciousness diminishes so do the subconscious mental conditions tend to flourish and abound." (Ormerod.)¹³

By this means Janet explains most of the characteristic symptoms of hysteria. "The crises or fits of hysteria are somnambulistic states in which the patient lives some scene over again, goes through some action, or gives himself over to some idea and obeys it to the exclusion of all others. He is in a dream, living for the moment in a small world of his own. All this is forgotten when the attack is over, and he returns to normal consciousness." (Wilson.)¹⁴

Such is the explanation of those cases of hysterical fugue or lapse of memory which are met with from time to time. It would also appear to offer an explanation of the classical hysterical fit which is more commonly seen amongst the Latin peoples, a fit characterized by much display of pantomime and histrionic effort. On the other hand, as suggested by Ormerod, it hardly offers a sufficient explanation of the simple hysterical fit or "attack of hysterics" which forms the common type of the seizure in our patients.

The same idea may be traced in the motor and sensory symptoms—the paralyses and the anesthetics. In the former, the memory, the idea, or the function of movement, may be lost; in the latter, the systems of sensations, or some of them coming from the anesthetic area are no longer connected with the main consciousness."

According to many writers, Janet's view of hysteria, thus briefly and imperfectly mentioned, is the most satisfying, and that one which harmonizes the varied and multifiform symptoms of the disease. But even those who support it most warmly feel that it does not explain every variety of the malady.

The second theory is that associated with the name of Babinski,¹⁵ the physician of La Pitie, who has done more than any living clinician, by his observation on the plantar reflex and by other tests, to assist us to distinguish between functional and organic