

she had suffered for years from what are certainly hysteric seizures. These consisted of irregular convulsive attacks, which frequently lasted for a couple of hours, and which were followed not by a deep sleep, as in epilepsy, but merely by an amnesia for the period. In the next place, all the symptoms I have described to you are not only consistent with, but are typical of, hysteria. I need only recall to you the advanced contractures and the retention of urine, both of which have been overcome by persuasive measures. Finally, some features of the paraplegia are quite distinctive of hysteria. I refer particularly to the sensory symptoms. The complete anaesthesia for all stimuli, and the amnesia for parts of the body, are very suggestive indeed of hysteria. Further, during the improvement that has lately taken place it has been possible to evoke sensations by active stimulation of the lower extremities, by strong tapplings, and in connection with this two features are especially significant. First, the strongest stimuli we can apply, namely, painful ones, are quite incapable of evoking any sensation, and we know that these are the very ones most frequently and most completely lost in hysteria. Secondly, every sensation that is evoked by tapping a point on a lower limb is accompanied by a simultaneous sensation, which the patient refers to the corresponding point on her upper limb. Thus, tapping the knee causes two sensations to be felt, one on the knee, the other in the olecranon of the same side. This is a rare symptom, the significance of which, interesting as it is, it would be out of place to discuss here, but I would point out to you that it is pathognomonic of hysteria.

You are thus once more reminded of how grave are even the physical conditions that may be produced by a physical malady, and I would further remark that the outlook in such a case as the present is similarly grave. Although the present symptoms may altogether disappear, yet they are only too likely to recur at some future date, or to be replaced by fresh, and perhaps even more distressing ones. Hysteria is an affection that is rarely cured unless Freud's psycho-analytic method of treatment² is resorted to.

REFERENCES.

1. See Lasarew. *Neurol. Centralbl.* 1906, Nr. 7, and Ernest Jones, *Proc. Roy. Soc. Med., Neurol. Sect.* Vol. I., P. 59.
2. See "Psycho-analysis in Psychotherapy." *Montreal Med. Journ.*, Aug., 1909.