intellectual elaboration, and involves the "stock of knowledge acquired by didactic procedures." In this article Dejerine does not discuss this question, but considers, as is well known, the failure of comprehension to be due to loss of sensorial images.

The criticism which one is entitled to pass upon these views is that so long as both (and the same is true of other writers) confine themselves to the most superficial clinical findings and the anatomical defects, neither is qualified to hold any opinion or pass any judgment upon it whatever. Marie boasts that he is a pure clinician and knows nothing of psychology in which he disclaims interest. He is satisfied to note a failure of comprehension of language as a whole, without further analysis and psychological investigation. He simply postulates a defect of "elaboration" involving "the stock of knowledge acquired by didactic procedures." We are entitled to ask, elaboration of what? Of memories of movements, or sounds, or visual images, or what?

The loss of comprehension of language is a pure psychological question, and should be studied as such, and until the defect is so studied it is more than naïve, it is childish, to postulate "intellectual defects" which tell us nothing. There are some psychological data which support the view that so-called word deafness is due to loss of the auditory "images" of words, but the problem deserves further and deeper investigation, and until this is done the less discussion about such "doctrines of aphasia" the better.

MORTON PRINCE.

THE MAJOR SYMPTOMS OF HYSTERIA. By *Pierre Janet*. The Macmillan Co., New York and London. pp. vii + 345.

These fifteen interesting lectures on hysteria, delivered during the season of 1906 at the Medical School of Harvard University, represent the latest French researches on the psychology of this protean disease, as given by one of its foremost students. In the first lecture the author states briefly the important data of the problem of hysteria and points out the necessity for a psychological study of the neuroses. The second and third lectures deal with fugues, and monoideic and polyideic somnambulisms. A number of interesting cases are cited and analyzed,

both from his own observation and from the reports of others. Such cases are typical forms of hysterical accidents, and are due to complete dissociations of consciousness, characterized by amnesia and an exaggerated and independent development of the emancipated idea or ideas. Where one idea is dissociated he applies the term *monoideic*; where there is a dissociation of a system of ideas, the term *polyideic* is applied. When there is an aimless wandering and the somnambulistic episode is more or less protracted, it is called a *fugue*. The fourth lecture deals with the interesting subject of double personalities. The author points out how one state can dominate over the other and how in these cases of alternating personality the mental level rises and falls, thus producing the *pluritic amnesia*.

Lecture V. is taken up with the convulsive attacks, fits of sleep and the artificial somnambulisms. The inferior forms of somnambulism are hysterical fits and hysterical sleep, and these latter are frequently paralytic phenomena. The fits are imperfect forms of somnambulism, often nothing but aborted somnambulistic attacks. In hysterical sleep there is a decided lowering of all the sematic functions. All hysterical accidents can be artificially produced, especially the somnambulistic states. Hypnotism is artificial somnambulism, the hypnotic state has never any character which cannot be found in hysterical somnambulism, and the subjects are mostly hysterics. The author dogmatically asserts that it is impossible to hypnotize the epileptic or psychasthenic. Hypnotic states exactly resemble hysterical somnambulism, except that they are developed artificially instead of spontaneously.

To the motor phenomena of hysteria, the motor agitations, contractures and paralyses, two lectures are devoted (VI and VII). In all the motor disturbances of the limbs the mind is intact. These disturbances are divided into phenomena of exaggeration of movement, such as tics, choreas and contractures, and into phenomena of deficient motion or the paralyses. In differentiating between the psychasthenic and hysteric tic, Janet states that the former are accompanied by consciousness and attention and when the latter is not inhibited there is an increase of the tic. Distraction decreases the tic. In hysteria the opposite holds true, the movements are impeded by attention and

become more regular in distraction. Every type of tremor may be found in hysteria. Hysterical anaesthesia is a certain species of absent-mindedness, the sensation itself has not disappeared, but is merely dissociated, that is, not connected with the totality of consciousness. The same holds true of the hysterical amnesias; there is no real oblivion or destruction of memorial images, but merely an impossibility of the reproduction of these images. In hysterical paralysis, it is the idea of the motion of the limb that is lost and not the motion itself. Sometimes this loss comprises an entire system of images of movements, as in *astasia-abasia*.

Lecture IX is devoted to the hysterical disturbances of the special senses, particularly the disorders of vision. Here the contraction of the visual field, the blindness and the *hemianopsia*, are due to the same dissociation of the visual system as applies to the motor and sensory phenomena. There is no real blindness in *hemianopsia*, the visual stimuli are merely suppressed.

Lecture X is taken up with the speech disturbances. Janet discusses *mutism*, *aphasia*, *aphonia*, etc., shows their contradictory characteristics, and how absolutely unassociated they are with any organic changes either in the brain or vocal cords.

Lectures XI and XII are devoted to the disorders of alimentation and respiration. Much space is devoted to hysterical *anorexia*, which Janet believes is due to an anaesthesia of the stomach, to disturbances of organic sensibility with loss of hunger sensation. All types of respiratory tics may occur, peculiar barks, hiccoughs and almost *coprotalic ejaculations*. An hysterical *Cheyne-States* respiration is described, which possess the peculiarity that the respiratory rythm becomes normal when the patient is distracted.

In lecture XIII Janet discusses the stigmata of hysteria. After dismissing anaesthesia and falsehood as necessary accompaniment of hysteria, he states that the most fundamental stigma of hysteria is suggestion, and he again points out the marked unity between experimental suggestion (*hypnosis*) and spontaneous suggestion (*hysteria*), thus agreeing with the recent conceptions of Grasset. To the hysterical stigmata the fourteenth lecture is devoted. He divides these into two classes, the proper and common. The former occur only in hysteria, the latter are also found in the closely related *neuroses*, *neurasthenia* and *psychasthenia*.

Suggestion is the development of an idea, abstraction is exaggerated absent-mindedness, and both exist to an astonishing degree in hysteria. The subconscious phenomena are the results of this disposition to an exaggerated absent-mindedness. To all these he applies the phrase "retraction of the field of consciousness"; the mind is too narrow to take in a number of ideas. In anaesthesia, sensation escapes personal perception, in paralysis, movement, etc. The more common stigmata of hysteria are the feelings of incompleteness, the need of attracting attention, abulia, etc. All of this has now prepared the way for the admirable psychological summary which comprises lecture XV. Ideas are very important in hysterical accidents, they are powerful, dominating and act upon the body in an abnormal manner. The retraction of the field of consciousness either gives too much power to certain ideas or certain ideas may drop out of consciousness. Hence on one hand the exaggerated mobility and in the other the peculiar amnesias, anaesthesias and loss of motor control (paralyses). Hysteria therefore is a disease of personal synthesis, a form of mental depression characterized by the retraction of the field of personal consciousness and a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality. Its starting point is a depression, an exhaustion of the higher functions of the brain. The dissociation seems to follow several laws — it reacts most powerfully on a function that was weak and disturbed, the most complicated functions disappear and the particular function is inhibited that was in full activity at the time of the emotion.

We have given a very brief summary of a most important series of lectures. The stress laid upon the purely mental side of hysteria, as distinct from the classical physical symptoms, is a step in the right direction. These lectures of Dr. Janet form a pertinent example of the important results that can be attained by purely psychological studies.

I. H. CORIAT.