You will say that I have only defined hysterical symptoms, and you would ask me to define hysteria.

I might reply that hysteria is a psychical condition rendering an individual, suffering from it, susceptible of suggestion and liable to autosuggestion; we have seen, in fact, that certain symptoms, such as hemianæsthesia and contraction of the visual fields are the result of medical suggestion and, in the cases in which the suggestion is not apparent, it is justifiable to conclude that we have been unable to trace it or that autosuggestion has been at play. But you may object that certain disorders, absolutely foreign to hysteria, are also the result of autosuggestion; is it not by some sort of autosuggestion that the hypochondriac comes to the conclusion that he is suffering from an incurable disease, or the paranoiac imagines that a conspiracy is at work against him? As a matter of fact, the mental process is quite different, for this reason:—The autosuggestions of the hysterical patient are susceptible, as I have just shown of being reproduced by suggestion and dispelled by persuasion; this is not the case with the delusions of the hypochondriac or the paranoiac.

It is, of course, impossible to separate hysteria from its manifestations; to do so would be to materialise an abstraction; and if we wish to remain within the realm of fact, on clinical terra firma, so to speak, it is the hysterical *manifestations* which we should seek to define. From such consderations, I now make a slight modification in the text of the definition which I have already given and, by way of *résumé*, I submit to you the following definition (Babinski's):

Hysteria is a peculiar psychical state which is capable of giving rise to certain conditions which have features of their own.

It manifests itself in primary and in secondary symptoms.

The former can be exactly reproduced by suggestion in certain subjects, and can be made to disappear under the *sole* influence of persuasion.

The secondary symptoms are in direct relationship and subordination to the primary ones.

In the discussion which followed the Chairman, Drs. Savage, McNamara, Dixon, and Crookshank took part.

Dr. STODDART having replied the meeting then terminated.

The members to the number of fourteen dined together afterwards at the Café Monico.

SOUTH-WESTERN DIVISION.

THE AUTUMN MEETING of this Division was held on October 25th, 1907, at Fisherton House, Salisbury, by invitation of Dr. Baskin, who kindly entertained the members to luncheon.

The following members were present: The President, Drs. Baskin, Ireland Bowes, Glendinning, Mackeown, Morton, Nelis, Eden Paul, Pope, Prentice, (the Hon. Div. Secretary), and one visitor.

The Chair was taken by the President.

William Edward Ruttledge, L.R.C.P.Lond., M.R.C.S.Eng., Assistant Medical Officer, Somerset and Bath Asylum, Wells, was, on the recommendation of Drs. Pope, Shera and Aveline, elected a member of the Association.

Dr. Pope showed plans and gave a short description of the York City Asylum, and Dr. Baskin read a paper on "Insane Movements," illustrated by a case.

The proceedings terminated in a vote of thanks to Dr. P. W. Macdonald for presiding, and to Dr. Baskin for his hospitality.

NORTHERN AND MIDLAND DIVISION.

The AUTUMN MEETING of the Northern and Midland Division was held, by the invitation of Dr. Middlemass, at the Sunderland Borough Asylum, Ryhope, on Thursday, October 17th, 1907, at 2.30 p.m. Dr. Middlemass presided.

The following members were present:—Drs. Archdale, Eades, Fraser, Geddes, Harris-Liston, Hopkins, Kershaw, C. MacDowall, T. W. MacDowall, Mackenzie, Merson, Miller, B. Pierce and Dr. Middlemass.

The following visitors were also present:—Dr. C. A. Drew, of the Massachusetts

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