

shouting and singing at the top of her voice. Her friends in vain tried to soothe her, she did not recognize any of them, and her incessant conversation was a jargon of fleeting, disconnected delusions.

When seen by me in the evening, about six hours after the commencement of the attack, I found her to be a stout, well-nourished girl, with what in health must have been a pleasant and intelligent countenance. The pulse was very slightly accelerated, but the temperature was normal, and the tongue clean. She had a wildly excited appearance, refused food and medicine, and very restless, endeavouring to pull off her night dress, rolling about the bed, and constantly trying to get up, but not at all inclined to be violent. She kept up a loud, continual, incoherent chatter, repeating over and over again in a meaningless way anything said by those about her. At times, from her actions, there were evidently both visual and auditory hallucinations of a terrifying character. The patient had enjoyed the best of health up to date, with great fondness for outdoor sports and exercise. No similar attacks had ever occurred, and the closest questioning of her friends could elicit no evidence of epileptiform seizures of any kind. Her habits of life had been good, and there had been no tendency to hysteria or other neurotic disease of any kind. There was, however, a strong hereditary predisposition to insanity, her maternal grandmother having had two attacks of melancholia, while an aunt, also on the mother's side, had been an inmate of an asylum for some years. No exciting cause other than the fright she had had could be imagined.

After advising the application of cold to the head and the administration of a hypodermic of $\frac{1}{100}$ of a grain of hyoscine hydrobromate, I left, promising to send the necessary papers for her admission to the hospital as soon as possible. This I did, but was astonished to receive, about noon the next day, a telephonic message from my confrere that he trusted there would be no need to use them, as the patient was seemingly quite recovered. On receiving the hypodermic, about 9 p.m., she had quieted down, and slept from 10 to 2. She then awoke, and though still restless and talkative, was decidedly less so than when she had fallen asleep. She recognized those about her, and wondered at the presence of a stranger, her nurse. After partaking of a bowl of bread and milk, she fell asleep again, and remained so up to 7 a.m. On again awaking, some slight confusion of intellect with motor restlessness was still apparent, but this gradually passed off, and by noon, as already stated, she was quite well again, nor has there since been any recurrence.

The total duration of the attack in this case was only about twenty-two hours, namely, from 2 p.m. of the one day to mid-day following. Here, too, there was no recollection of anything that had occurred from the time of the seizure up to nearly the period of complete recovery, while the causative agency could only be ascribed to the shock of a sudden fright acting upon a strongly neurotic diathesis.