often rendering the patient diffident about mentioning them, and the physician skeptical about believing them, or at least appreciating them to their full value make the case worthy to be recorded.

Often the first sign of a grave cerebral condition these dreamy states should be of as much interest to the general practitioner as the fine apical crepitations in incipient pulmonary tuberculosis.

C. B., female, aged 17, French Canadian, recommended to the Neurological Clinic by the Outdoor Department for Diseases of the Eye at the Royal Victoria Hospital in February, 1906, complaining of loss of sight and "attacks."

The present illness commenced about three years previously with attacks of "vertige." The first attack came on when she was dressing herself one morning in her own room. It commenced with a feeling of dread, she trembled as if from cold and felt as if she were dying. She says she did not lose consciousness, but during the attack, she saw as if in a dream a woman apparently trying to save a child from drowning. She could not see the woman's face. The patient, who was a very intelligent young woman, waxed quite eloquent in her description (of which the foregoing is as literal a translation as possible), which was given quite spontaneously on the patient's part without any leading questions being asked. After this she averaged about one attack a week, all of the same nature, ushered in by this feeling of intense fear and consisting of the same vision. She could recognize the woman as the same one, although she never saw her face. There was no aura of smell or taste such as is frequently experienced in these cases. The face is said to have become very pale and the lips cyanosed. The attacks lasted four or five minutes. There were no convulsive movements, no involuntary micturition nor biting of the tongue, and she says no loss of consciousness. Usually she slept after the attack for a short time. Only occasionally did she have headache, which was always on the left side of the head and face, and on one or two occasions only was accompanied by vomiting. About a year previous to her coming under observation her eyesight began to get poor, and in the course of two weeks she became blind. She never complained of diplopia.

Lately, and only since she became blind, the patient said the attacks changed somewhat in character, and she saw no definite vision, but during the fit, events passed before her mind and then afterwards she would not know if these events had actually happened or if they had been dreams. In every other way the attacks were similar to those already described. The headache became more frequent and severe, but was always confined to the left side of the head and face and associated