

she had been well for some months and at work in a shop, though still somewhat emotional and easily upset.

*Points in Case.*—(1) Absence of hysterical fit. Fagge quotes Briquet, to the effect that this is usually the case, only one in four ever having the real fit. Not time or place to go into description of fit, but may here lay down old rule that diagnosis of hysteria lies in a thorough knowledge of natural history, cause and symptoms of real organic conditions simulated by particular case of hysteria. True of joint cases, convulsive movements of one kind and another, etc. (2) No serious moral perversion. (3) No delusions. Clouston says in his "Manual on Mental Diseases," that "typical hysteria, pure and simple, always has a mental complication. Intellect or feelings or morals are always affected along with the purely bodily functions." He goes on to speak of the admirable results of asylum treatment of hysterics. He says, too, that so-called hysterical insanity is usually mania or melancholia, with usually marked erotic symptoms or morbid concentration of mind on the female organs in one way or another. (4) Pares-thesia, according to authorities, very rarely seen—here very marked. (5) Ankle clonus—given usually as proof of organic disease as against functional.