

limb when the patient was asleep she still found it rigidly extended, at which she became alarmed and sent for me.

As to treatment the child was brought to my office, where a few sparks from a static machine drawn from the knee joint terrified her very much, and she walked away quite well, and has since remained so.

This case affords one or two interesting points. First, the fact that the spasm persisted during sleep, which is a clear proof of its nature. Simulation is thought by many to make up a large portion of the symptoms of hysteria, a supposition which is shown to be erroneous by a closer study of the disease. There is further a tendency to-day to say of such a case it is only hysteria—she could do differently if she liked, etc.; but I believe a more careful consideration of such cases would lead to a different conclusion, and to a marked improvement in the treatment of this disease, which, although functional, presents in some of its aspects very great difficulties in its cure. My experience in hysteria has been that many of the symptoms which are apparently assumed are unavoidable to the patient, and quite beyond her control, and that if she were to attempt voluntarily to assume some of these symptoms it would be utterly impossible for her to maintain the simulation for the periods of time during which these symptoms persist. In many cases of hysteria, particularly those in which there is an affection of motility, there is, I believe, a lack of co-ordination, partial or complete, between the sensory and motor centres in the brain, which impedes the conduction of voluntary motor impulses, producing on one hand, if I might use the term, a psychical ataxia, which accompanies a paralysis, or, on the other, allowing an unrestrained action of the motor centre, with a spasm as the result. In regard to the trouble in this case, it would, I think, be reasonable to assume a derangement of the circulation in the leg centre in the Rolandic area of the left hemisphere, this being, in the case under consideration, a more probable explanation than a change of nutrition in the cells of the part. The connection between the impression caused by the accident and the resulting spasm is very interesting. Naturally this impression would be conveyed by the sensory centre in the brain to the motor centre for the leg, but here, instead of a reflex following in the usual manner, the result has been a vasa motor disturbance with spasm of the muscles of the leg as a consequence. The absence of any disturbance of the sensibility of the leg, and the fact that the arm was unaffected, are also interesting points in the case.