

ing at one pole and hysteria at the other; her symptoms betoken less naughtiness than deserves the slur of the former epithet, and less system than to merit their being classed as the latter. In younger patients precocity and "being spoilt" and in older ones a hopeless love affair are common factors. The temperature curve may reveal suggestive features. The morning rise may be greater than the evening rise, and with the pyrexia there may be no associated increase in the frequency of the pulse and respiration. The patient, however, is not always of the type described. Prolonged and obscure pyrexia occurred in a young married woman who had watched month after month the treatment of her phthisical husband in a sanatorium near by. The routine of sanatorium life, with its temperature takings, weighings, and dietings, brought about a state of nervous imitation of phthisis. She simulated her husband's disease closely, for to the pyrexia she added considerable loss of flesh and a troublesome barking cough, with hoarseness and aphonia. She was rapidly cured by six months' stay with convivial friends. So thin was she that physical examination of the chest was extremely easy; yet nothing could be found in the lungs, larynx, or elsewhere.—*St. Bartholomew's Hospital Journal.*