

finding and discontented. The immediate cause of the attack was apparently some disappointment, usually slight, in his wishes, such for example as the denial of some amusement, the refusal of a cigarette, etc. This latter was at once followed by physical restlessness, such as tapping of the ball of one foot on the floor, rubbing of hands, and inability to sit quietly in a chair. Then he would begin to walk up and down at first pounding his feet heavily on the floor as though endeavouring to overcome his muscular irritability and control the attack. After a few moments of these efforts, the feet would gradually become stiffer in their action and he dragged or rather scraped along the carpet so that in a moment further locomotion was impossible and he would fall headlong on his face, without, however, doing himself any serious injury. He then would be seized with clonic convulsive movements, general in their distribution and equal on both sides of the body. This was accompanied by inarticulate voice sounds, variable in their intensity and with an occasional explosive sound resembling somewhat the bark of a dog and evidently produced by a spasmodic contraction of the diaphragm. The muscular movements were not extravagant and only on one occasion did he throw himself out of bed. Neither his pupils, respirations, nor colour of his face suggested an epileptic attack. His consciousness although dimmed was not at any time completely lost. The convulsions ceased gradually and were not followed by sleep. The attack usually lasted from one to three quarters of an hour. His memory of what had taken place during the attack was hazy but not lost. Between the more frequent attacks he was in a dreamy condition. He was apparently awake and replied correctly to all questions, but spontaneity of thought and expression was very defective. He appeared at times intensely sleepy and would pass into an intense sleep for several hours from which he could only be aroused with difficulty. On being awakened he appeared like one aroused from the profound sleep following complete exhaustion. After an attack both his speech and his gait were more affected.

The physical examination showed a well nourished young man in apparent health. The deep reflexes were all somewhat increased but equal on the two sides of his body. No ankle clonus could be obtained after the first examination. The superficial reflexes were all present and active on both sides, except the plantars which were absent. There was no Babinski; no stereognosis. The cutaneous sensibility showed a marked dissociation. Tactile sensibility, with location of touch, and sensibility to heat and cold were every-