

volitional and due to cerebrum. Ankle clonus very marked, especially in right leg. All reflexes abnormally active. (b) Spasm—cataleptic stiffness; or rather not the *flexibilitas cerea* of true catalepsy, but mild hysterical rigidity, some days ago, with pain. Now limbs are flaccid, soft, flabby, and the seat of odd sensations. Her legs, she says, feel as if made of mortar. There is now a condition of fine subconscious purposive movements of muscles of arms and hands. Excursions almost rhythmical, co-ordination very good if not perfect. Very marked starting on any little sound in room. Tendency to adoption of peculiar postures in bed, e.g., lying on elbows with face buried in pillows while talking. These movements, she said, kept her awake. They are not ataxic or choreiform. (c) Paresis—hysterical aphonia for past few days, everything said in whispers, with occasional accidental lapses into phonation if forgetful of her part or much excited. Speech hesitating and jerky as if sometimes at a loss for a word, as she often was in her attempts to devise some altogether grotesque subjective symptom or simile by which to describe her condition.

3. *Sensory Symptoms.*—(a) Special senses—very severe photophobia—windows all darkened; but on laying dark scarf over her eyes and distracting her attention, I found her furtively watching me from under the scarf with the full light from the window falling on the eye unnoticed. Had been atropinized for this a month ago under the impression that it was rheumatic iritis. Hearing very acute, abnormally so. (b) Anesthetic areas none. (c) Hyperesthetic areas none, except decided tenderness in ovarian regions. Skin reflexes all very active. (d) Paresthesias—Formication described with much gusto and in great detail. Areas in which a worm  $2\frac{1}{2}$  in. long and a  $\frac{1}{4}$  in. thick was crawling. The worm would move a short distance under the skin, then begin to scatter and slowly fade away. Less numerous than a few days ago. This also kept her, she said, from sleeping.

About a week afterwards I saw her again. She was much better. Up twice daily and dressed. Very flighty and emotional. Could not walk, especially when we were present. Gait very unsteady, and mainly on tip-toe with tendency to drop forwards on knees. Her attendant found out afterwards that this was suggested by her studies of the gait of an unfortunate victim of chronic chorea who lived in her neighborhood, and of whom she frequently spoke.

Her treatment consisted in: (1) Removal from home to private hospital. (2) Nervine sedatives, especially hyoscinine and the valerianates of iron, quinine and zinc. (3) Plenty of good food.

In November last I learned from her medical attendant that