hysterical, thereby weakening its action sufficient to account for the fainting fits of the hysterical patient.

In the more severe attacks of hystero-epilepsy, consciousness is completely lost; the convulsions have alternately a tonic and clonic character; the respiration is extremely slow and stertorous; opisthotonos is frequently present; the teeth are firmly set on clothing or bedding, etc.; the patient sometimes froths at the mouth and remains perfectly rigid for five or ten minutes; the thumbs are turned into or flexed upon the palms of the hands and clenched firmly with the fingers; the patient moans before going into a fit and complains of headache when she comes out of it; the countenance becomes distorted and presents a deadly palor; delirium and hallucinations often follow a fit.

Differential Diagnosis of Hysteko-Epilepsy.

In Hystero.	*In Epilepsy.*
1. There is partial unconsciousness.	Complete
2. Globus hystericus.	Aura epileptica.
3. Convulsions are uniform.	One sided.
4. Face flushed.	Face livid.
5. Paroxysm long.	Paroxysm short.
6. Paroxysm followed by wakefulness.	Paroxysm followed by deep sleep.
7. Generally during day.	During night.
8. Glottis is open.	Glottis closed.
9. Eyes closed.	Eyes half open, balls rolling.
10. No fever.	Elevated temperature.
11. Patient doesn't hurt herself.	Patient injures self.
12. Cause emotional.	None.
13. Onset is gradual.	Sudden.
14. Patient screams during course.	At onset only.
15. Micturition, seldom ever.	Frequent.
16. Talking frequently.	Never.
17. Termination induced by water applied.	Spontaneous.

Prognosis.

Generally favorable in hystero-epilepsy, but may result in exceptional cases seriously.

The Attack.

First or Epileptoid Period—

(*a*) Premonitory symptoms: (1) Tremor; (2) pupils contracted; (3) rapid winking of eyelids; (4) rapid respiration.