

worse at any particular time. Upon the morning of admission to the hospital she said her voice had suddenly become weaker, and at times she completely lost it. Also complained of palpitation, with tenderness under the left mamma. Has no vesical or rectal disturbance. Menses are irregular in their appearance, small in amount, and each period is generally preceded by pain.

*Examination.*—Patient is a healthy-looking and well nourished female; takes a great deal of care to describe fully and dwell at length upon her complaints. The breathing during this time is quite tranquil, but when attention is drawn to the painful spots the respirations immediately become quickened and somewhat sighing in character. Voice is weak; inclined to whispering. Lower extremities are extended and the feet are in a natural position. Skin is warm and moist. Muscles not wasted. Says she cannot move the legs at all. The plantar reflexes, if suddenly tested, causes slight withdrawal of the feet. Tactile sense is normal. Marked analgesia in the lower extremities from the feet to as high as the knees. Pressure over and below the left nipple causes patient to wince, but with the attention misdirected these points are no longer tender. It was now insisted upon that the patient should get up and try to walk, and this she did, but her gait was staggering; the heels were placed firmly upon the ground, the toes extended, and the plantar arches much elevated; her eyes were kept fixed upon the ground, at times she would appear as if about to fall, but this was generally done when she was well within reach of good support. Examination of the larynx by Dr. Major was negative in its result. Heart and lungs negative. Urine 54 ozs.; very pale, acid: specific gravity 1015; no sugar, no albumen. Four days later the analgesia had entirely disappeared, the painful spots no longer present, and the voice quite natural, but her gait had changed. Now patient's walk may be described as follows: Walks on the ball of the great toe of right foot, the heel is raised from the ground, the left foot is placed in advance of the right, and whilst resting upon it, the right knee-joint suddenly gives away; but patient soon regains the upright position and continues to walk as before. She was given some bread pills, had electricity applied, and used a stimulating liniment. In about two weeks the gait was quite natural, and all pains and aches had disappeared. The patient was now discharged from the hospital.

The same precaution was taken here to impress this patient from the outset with the idea that her case was quite curable; that she would soon regain the power of her limbs; and to insist upon her following certain prescribed directions very carefully.

*CASE V—Hysterical Vomiting.*—H. S., aged 27, servant, admitted, complaining of vomiting and of pains in the abdomen, legs and head.

*Previous history.*—Enjoyed good health until six months ago, when one morning, whilst lying down, patient was suddenly seized with a sharp pain in the left lower axillary region, extending throughout the body, aggravated by deep inspiration and coughing. Vomiting set in, and for the first time. The attacks were aggravated by ingestion of food, but would also occur independently of any food taken. There was no dysphagia. The food was rejected about an hour after it was taken. The ejecta consisted of what was eaten. Even fluids could not be retained. Never had hæmatemesis. No pain after eating. Had no desire for food. Suffered from insomnia. From these attacks of vomiting, which have continued ever since in a greater or lesser degree, patient has lost much in weight and strength. About this time patient began to suffer from what she calls fits, described as follows: The aura consisted of a sense of fullness in both ears, and accompanied with a loss of hearing. This would last about half a minute, then patient would become unconscious and fall down anywhere, on one occasion cutting left eye, and, again on another occasion, whilst in one of these fits, received a black eye. These fits are not attended with any tonic or clonic contractions of any of the muscles of the body. No frothing at the mouth. Has never bitten the tongue whilst in one of these fits. The duration of a fit is from a few minutes to one or even two hours. Has had as many as two fits in one week. Says that cold water, if thrown upon her face, always brought her to her senses.

Patient is a married woman and the mother of four children, all enjoying good health except the eldest, a boy aged 8 years, who is subject to fits such as his mother suffers from.

*Family history.*—Mother and four sisters died of consumption. One brother, at 13 years of age, had fits similar to those patient suffers from for fifteen years, and died from their effects.

*Present history.*—At present patient complains of vomiting, of pains in abdomen, legs and head,