and fairly rational. On the 16th, "has fallen into a lethargic condition, which is rapidly deepening, so that he is roused with considerable difficulty. By loud speaking can be made to protrude his tongue (which is dry). Lies quite still on his back, with occasional twitchings of the hands and a moderate talkative delirium. No change in the pupils. Urine passed in bed." On the 17th, "a good night; bright, asked for his dinner; spoke quite briskly at the mid-day visit. Soon after relapsed into a soporose, semi-comatose state similar to yesterday. Can only be aroused momentarily with difficulty." On the 18th, "a repetition of the same thing; a good night; a bright forenoon, and at 1 p.m. a relapse into an apparently insensible condition." At this time no shouting, shaking or violent pinching succeeded in arousing him, and no answer of any kind could be obtained from him. Late in the afternoon he was again quite wide-awake. 19th, less stupor and delirium. 20th, "Eats and sleeps well; quite lively and intelligent; no attacks of stupor." From this time his convalescence was uninterrupted.

We learned from the nurse, during the days of his *stupid* attacks, that these might come on and go off perhaps twice or three times during the course of the day. That the condition varied remarkably we had sufficient evidence from what we ourselves observed. The most usual condition was fair intelligence in the forenoon, rapidly or even suddenly changing to a state of apparently profound lethargy and stupor at about 1 p.m. Another point was that on these days he knew his friends when they came to visit him, but talking to them made him extremely excited, and he cried profusely - so much so that the nurse was twice obliged to send them away.

To recapitulate the facts of this case: A delicate, slim young man, aged 20, nervous looking, contracts pneumonia and arrives here at the height of that disease, delirious; typical defervescence occurs, and the case (*quoad* the pneumonia) follows a normal course towards resolution. But, instead of our patient presenting the calm aspect and cheerful face of the ordinary pneumonic convalescent, we find him continuing to talk incoherently, even in the daytime, lying in a limp fashion on his back with his eyes shut. Next day found in a deep stupor, lying quite still and breathing quickly like one asleep. Then, again, he is found wide-awake and quite chatty. The sight of friends excites him and makes him weep. This condition passes off in a few days, and he is well.

The facts detailed are, I think, sufficient to warrant the diagnosis made—the hysterical condition assuming here the form of lethargy, and having been induced by the debility resulting from the acute disease.

I was recently consulted concerning the son of a gentleman in a neighboring town. The lad, aged 16, having been suffering from toothache and swelled face, became suddenly apparently insensible, remaining so several days and causing much anxiety. He then began to rouse up at intervals and appear rational, going off again in a short time into the same lethargic state. At other times he would talk and sing to himself, paying no attention to what was going on around him, and they feared his mind was giving way. I received full particulars from his medical attendant, and, replying, gave a favorable prognosis, because I looked upen the case as an odd form of hysteria in an adolescent. He was subsequently brought to the city to see me, and from my examination I was still further convinced that this was the true explanation of it. He quite recovered and continues well.

The paralyses of hysteria are always interesting. The diagnosis is often sufficiently obvious, but sometimes it is beset with many difficulties. It is notoriously *the* disorder, of all others, which offers to the charlatan and the faith-cure people the most attractive and the most lucrative field. Some time ago a lady, whom I had previously treated for functional aphonia, began to complain of certain indefinite pelvic symptoms, and finally lost power to a considerable extent in both lower extremities. I advised a stay in the city (she lived some distance away) for the purpose of trying the effect of isolation from sympathizing friends and massage. This was not done, however, and her friends took her instead to New York. Here (perhaps unfortunately) they consulted a very eminent gynæcologist. He pronounced the verdict that it would be necessary to remove the ovaries. This terrified her, her friends refused their consent, and she remained bed ridden and hopeless of any relief. Just then a bright light of the "faith-cure" or "healing by prayer" community happened along. He found, on enquiry, that she had any quantity of "faith," and he was, therefore, able to promise everything. Surely enough, she walked in a couple of days, and after a few weeks returned home satisfied that with her a real miracle had been wrought. Her