sometimes taxed to the utmost, and until he applies Charcot's unfailing test (that of taking the temperature) it is very difficult for him to arrive at a definite and satisfactory diagnosis of his case.

In differentiating hystero-epilepsy from other gynæcological complaints, note the general aspect and condition of the patient, her increased susceptibility, mental excitability and irritability of temper, perverted or altered moral disposition, diminution of inhibitory nerve force, impairment of volition and mental disturbances, the possibility of menstrual difficulties, mental delusions connected with hystero-epilepsy. Of the latter, Thos. More Madden speaks as follows: "Of the hysterical symptoms which commonly usher in epileptiform disease, probably the most universal are delusions on the subject of health, unjust complaints, recriminations without foundation and decided sexual tendencies, insomuch that illusions from epilepsy in gynæcological practice may become of serious medico-legal interest."

Pathology and Etiology.

Hystero-epilepsy is a complex morbid condition which is hard to describe. It belongs to the nervous disorders, but its exact seat cannot be definitely located, though probably the brain is the most disturbed centre. No characteristic pathological change has been discovered, but there is probably some nutritive derangement of the entire nervous system.

It is claimed by Charcot that sclerosis of the lateral columns of the spinal cord was found in long-continued cases of hysterical contractions. Others claim to have discovered in a few exceptional cases grosser lesions of the brain and spinal cord of various kinds. That some alterations in the nature of the nervous system must be at the foundation of its altered function cannot be doubted, so that it is quite possible that the microscope scientifically manipulated by a Cavan, an Anderson, a Wright or a MacCallum may at some future time give us information concerning the nature of this condition.

Etiology. Hystero-epilepsy is infinitely more common in females from fifteen to thirty-five years of age.

Out of 268 cases, Amann observed that 16 occurred at the age of between eight and fifteen years; 62 between fifteen and twenty-five years; 92 between twenty-five and thirty-five years; 81 between thirty-five and forty-five years; 12 between forty-five and fifty years; 5 between fifty-five and seventy years.

Out of 351 cases, Landouzy observed 105 between fifteen and twenty years.

Out of 426 cases, Briquet observed 140 between fifteen and twenty years.