

wrongly locates the site of any touch or irritation. Sight and hearing unaffected. Pulse 60, regular; respiration 18; temperature 98°. This condition continued for about one hour, and at the end of this time had resumed his natural state. In the evening of the same day had a similar attack; but in addition to the foregoing symptoms, there was, as he said, "complete inability to see any objects or even to distinguish light from darkness;" the sense of smell and taste were also absent, as he did not give the slightest evidence of perceiving a strong solution of ammonia held closely to the nostrils, nor of tincture of assafoetida placed on the tongue. Patellar reflex was present, and to a marked degree on the left side. Pulse 70, regular; respiration 18; temperature 100°. Patient said he had a fit during the night of a character similar to those he had when in a hospital in Dublin. Next day all that remained of his symptoms was analgesia above the right eye, over an area of 2 x 3 inches. His gait had also changed, for when walking he placed the right foot in advance of the left, and rested on the right whilst the left was lifted in a rigid state close to the other foot. At times when walking in this manner he would tend to fall to the left side. Two days later all symptoms had entirely disappeared, and the gait was again quite natural. Patient left the hospital next day.

Now this is a curious medical history. It consists, briefly, in "fits," said to have been cured by calomel; repeated hæmoptysis and a cough; diarrhoea for several months; return of alleged hæmoptysis; the colored fluid shown not to have come from the lungs; sudden onset of spastic contractions in limbs; analgesia; sudden disappearance of the same; sudden and temporary interference with the special senses. It involves manifest incongruities which are not to be explained except upon the ground of hysteria. Our observations on this patient whilst in hospital showed that he possessed in a marked degree many of the mental characteristics with which we are especially familiar in women who suffer from this malady, viz., a keen interest in their own medical case—a craving for a corresponding interest on the part of those around them—a readiness to furnish details concerning symptoms—close observation of all treatment and its apparent effects—a proneness to exaggerate or even falsify in order to increase the sympathy they so long for. Further enquiries, too, developed the fact that this man's moral sense had become very obtuse. He had made fraudulent

representations to certain persons with reference to financial and other matters, and had succeeded in committing some petty acts of "swindling." A knowledge of this might, perhaps, have been taken as invalidating the case entirely, and caused one to say that we were dealing with no disease at all, but with deliberate simulation only. I did not take this view of the case, and I think that a consideration of the details given will convince any one that a real disease of the nervous system was present. The most important observation bearing out this idea was that pertaining to the curious and rapidly-developed spastic phenomena with associated sensory disturbances, a condition which it would take a *very* clever imposter to evolve out of his inner consciousness. I would note the assistance derived here from microscopical examination of the bloody fluid alleged to have been spat up. Dr. Johnston knew nothing of the case—simply getting the specimen in a numbered vial along with several others from the hospital. He, you will have noticed, repudiated it as a specimen of sputum at all, which fully confirmed suspicions already entertained.

The next case, also in a male, presents very different features:

CASE II.—J. W., aged 20, admitted October 10, 1884, with high fever, delirium and cough. He was found to have been ill for thirteen days with symptoms indicative of pneumonia, and physical examination showed the usual signs of consolidation of the apex of the left lung. During the next two days he remained quite ill. Temperature 101° to 103°; pulse 120. Delirious at nights, no sleep, and required constant watching. On the 13th defervescence took place; the morning temperature being 98°, and the pulse 68. The note of this day, however, says: "Will not put out his tongue; refuses to open his mouth for a drink of milk; will not answer any questions." And the remark significantly follows: "Except for this mental condition, is evidently much better." I may merely say that, as regards his affected lung, the process of resolution proceeded rapidly. No further elevation of temperature occurred, and he began to sleep a little at nights. It was on the days subsequent to the 13th that we observed the special symptoms indicative of the nervous disorder. On the 14th, the note describes him as "a little more rational, and willing to speak and to explain his feelings and other symptoms." On the 15th, "had a good sleep last night, is quiet