A CASE OF ANOMALOUS TORSION SPASM

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The following case, to which the term "torsion neurosis" might be applied, is of unusual interest. It differs, however, markedly from the cases described by Ziehen, Oppenheim, Flatau and others. In fact in my experience the case is not only anomalous but unique. Briefly the history is as follows:

C. B., male, aged 33, native of Pennsylvania, white, gentile, married, and a farmer by occupation, was admitted to the Jefferson Hospital, September 15, 1916. He complained of a "twisted neck, fits and a deformed right foot."

The family history was unimportant and without significance. Father is living and in good health as are also two sisters. Mother died of appendicitis.

Personal History.—Had measles, mumps and whooping cough in childhood; never had scarlet fever, diphtheria, pneumonia, pleurisy or typhoid fever; no history of rheumatic fever; one attack of tonsillitis when thirteen years old. Venereal infection denied. Up to six years ago used alcohol moderately.

When nineteen years of age his head began turning to the left. At first he could prevent the turning but gradually this became more frequent and more pronounced until finally the head, neck and shoulders became firmly fixed in a twist to the left; the trunk also shared in this rotation but to a lesser degree, as did also the hips. The right leg and foot also finally became involved, the thigh, the leg and especially the foot being markedly rotated to the left. The patient states that when sixteen years old he hurt his foot when he jumped off a moving car, two years later again injured the foot and also a third time when he was twenty-three years of age. It is of course probable that the injuries were due to a beginning and finally a more pronounced disability to use the foot properly.

Seven years ago he married. His wife is in good health; no miscarriages. Has three children living and well. His general health has always been good.

Three years ago, one evening while at supper, he suddenly noticed a queer taste in his mouth which he cannot describe. This was associated with a sensation as though he were being "overcome by gas." This sensation persisted for about fifteen minutes; no loss of consciousness. A month later a similar attack occurred, and this was now followed by others for about one year following, on an average of about once a month. He then began to lose consciousness in the attacks. In the last two years has had ten or eleven attacks, in all of which he lost consciousness. Eight of

these occurred at night. The unconsciousness lasts about fifteen minutes. Does not bite his tongue or soil his clothing. Is able to get around again in about half an hour. Has been told that during the attack he "snores and froths at the mouth." Sometimes he fails to experience the peculiar taste but has a numb feeling at such times about the upper jaw and teeth, with sensations as though the right arm were asleep. He thinks that during the last mentioned attacks, he retains consciousness, but says that he cannot speak.

About one year ago attempts were made to relieve the torsion of his neck and the malposition of the right foot by section and resection of various tendons but without avail. For a year past has suffered from pain in the back. Has also been very nervous.

FIG. 1.

Thinks that his memory has failed him, though this is not apparent during the examination. Says also that he has the feeling as though his "joints were constantly moving" and that he gets very tired.

Present Condition.—The patient stands with the head and neck

markedly rotated to the left, the chin pointing to the left shoulder. The trunk also is much distorted; it is flexed somewhat forward and rotated to the right so that the left shoulder is brought slightly forward and the right thrown slightly backward. The arms are allowed to hang at the side, though the right is often used as a support against the right thigh. The right lower extremity is held in the position of extension, the foot is rotated inward and

FIG. 2.

inverted so that it rests upon its outer edge while the toes, especially the great toe, are in a position of marked extension. The left lower extremity presents no special abnormality. The musculature of the right lower leg is poorly developed. The patient walks awkwardly and with difficulty and avails himself of crutches. There are no abnormalities of the deep or superficial reflexes. There are no anomalies of sensation. Stigmata of hysteria cannot be elicited. Education is that of the common schools; intelligence is good.

A Wassermann examination of the blood is negative. A microscopical examination of the blood reveals no peculiarities. The urine is normal.

An examination of the eyes reveals equal and well-rounded pupils, normal to light reaction and perhaps a little sluggish to convergence. Ocular rotations and muscle balance normal. Media clear and eye grounds normal.

Roentgen-ray examination of the head revealed no abnormality save that the skull seems rather thick. An X-Ray of the spine and shoulders revealed no disease of the vertebræ in the cervical or dorsal regions. In the cervical region the transverse processes of the left side all impinge upon each other. There are no evidences of lesions in the region of the shoulders.

On October 5, 1916, he complained of an attack of numbness of the right side of the face, right arm and leg and a dazed feeling.

October 7 had a typical epileptic attack while eating dinner. Cried out and had a general convulsion. The attack was observed by the nurse, who stated that the patient at first became stiff and then became convulsed. One part of the body was not affected more than another. The patient bit his lip slightly but did not soil himself. Subsequently he had two similar attacks.

It is evident at once that the present case is not identical with the affection described by Ziehen as torsion neurosis, by Oppenheim as *dysbasia lordotica progressiva* and as *dystonia musculorum deformans*, and by Flatau and Sterling as progressive torsion spasm. The latter affection occurs especially in childhood and early youth and its principal symptom consists in the fact that when the patient attempts to stand or walk a marked lordosis or lordoskoliosis makes its appearance in the lower dorsal and lumbar regions with marked flexion at the pelvis and prominence of the nates. Finally the affection has thus far been observed only in Jewish children.

In the present instance the patient began to present symptoms first at nineteen years of age and the latter did not reach their full development until some years later. Secondly, the torsion is most pronounced in the cervical region. Again, the patient is not Jewish. Leaving the latter fact out of consideration, the thought arises that possibly this case is an unusual and bizarre outcome of a rotatory tic. In any event the case is not only anomalous but unique.