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The President, Dr. B. Sachs, in the Chair

A CASE OF MYOCLONIA OF THE TRUNK MUSCLES IMPROVED BY PSYCHOPHYSICAL THERAPEUTICS

By Dr. J. Ramsay Hunt.

The patient was a boy, 15 years old, who commenced to show clonic muscular contractions of the trunk muscles in January, 1903. At that time he showed a tendency to stoop and bend forwards; this gradually became more marked, and finally his body became fixed a large part of the time in this bent position while sitting, standing or walking. Various methods of treatment were tried without benefit, and the patient was finally subjected to a long-continued course of psychophysical therapeutics by Dr. R. B. Kruna, with decided improvement, as he was now able to get about in a fairly comfortable manner. It was because of this very considerable improvement and the method of treatment employed that Dr. Hunt brought this case before the society. He regarded it as an unusual type of myoclonia, a form of tic convulsif involving the muscles of the trunk. There were no evidences of any organic diseases of the nervous system, and at no time were there any stigmata or crises suggesting an hysterical origin. Mentally the boy was bright and intelligent and there were no impulsions, obsessions or phobias, such as not infrequently accompany the generalized forms of tic convulsif in early life.

Dr. Richard B. Kruna in demonstrating his method of treatment in the case shown by Dr. Hunt, said that when the boy first came under his observation the body was bent forward to an angle of about 80 degrees to the legs; at the same time the spine showed lateral flexion and rotation, as well as the neck. The tic spasms from which he suffered had developed during six months, and had gradually increased in force. The boy had no pain, but in walking the spasms pulled his trunk and head downwards until he was practically doubled up, with his head near his knees. In this position he would brace himself, with one hand upon his knee and the other upon some object near him, such as a table, chair, etc., or upon the ground. With these disadvantages, his gait was of course irregular and jerky, yet surprisingly fast ("monkey gait"). A careful examination of the patient showed nothing abnormal organically, excepting an increase of indican in the urine and ankle-clonus of the left foot.

To find relief from his distressing condition, which had forced him out of school and rendered him an object of ridicule and even fright, he spent over four years at various orthopedic and general hospitals. Every resource of orthopedic surgery was tried, including a variety of plaster-of-Paris jackets, steel braces, extension under anesthesia, and finally an operation, consisting in division of the rectus and ileo-psoas muscles. All these were without effect, as was also an injection of magnesium sulphate solution into the spinal canal. The latter caused temporary paralysis, but did not cure him.

The patient was referred to Dr. Kruna at Dr. J. Fraenkel's suggestion over two years ago for psychophysical treatment: this had been

faithfully carried out, and the patient was now able to stand and walk erect, and in the course of another year, the speaker said, his condition would probably be entirely normal. At present he was able, by voluntary muscle action, to antagonize every tic contraction, but this balancing activity had not yet been developed to the point of being automatic, as it normally should be. The speaker then explained briefly the psychical regime which was part of the psychophysical therapeutics, which included the development of the patient's intellectual and moral strength, the training of his powers of initiative and inhibition, regularity and system in habits, etc.

The physical training consisted in medical gymnastics, starting from an analysis of the tic-attitude into its components, the elementary muscle-spasms. Each of these tic-elements had to receive a remedying antagonistic muscle-exercise. At the outset, the patient was not able to make the antagonist of a tic-muscle contract by itself. This required a series of assisted exercises. In these, the patient was helped by an assisting force, outside of his own muscular effort, to overcome the tic-spasm. The percentage of efficiency of the patient's own efforts would show increase according to their repetition, and the assisting force was correspondingly diminished. Finally, the assisted exercises became unnecessary and were replaced by unassisted ones. The first landmark of progress was the ability to overcome every tic element by its antagonistic action, and every tic attitude by its counter attitude; the second, identical with re-establishment of the normal condition, would be reached when these voluntary antagonistic actions, by untiring exercise, had become automatic.

Dr. William M. Leszynsky, who had presented the same patient at a meeting of this society several years ago, said that Dr. Kruna was certainly to be congratulated upon the brilliant result he had obtained from his psychophysical method of treatment. When Dr. Leszynsky had, him under his care there was some improvement after a similar method of treatment in the hospital, but within five months he relapsed into his original condition. He was then sent to the Hospital for the Ruptured and Crippled, where he was fitted with various kinds of apparatus, and several muscles tenotomized without relief. He was finally transferred to the Montefiore Home. The diagnosis of the case at that time was hysteria, and his physical condition was associated with a peculiar mental attitude which seemed to point to some form of degeneracy.

TWO CASES OF CEREBRAL APOPLEXY, WITH UNUSUAL DISTRIBUTION OF THE SYMPTOMS

By Dr. I. Abrahamson

The first patient was a man, 64 years old, a native of Russia, who was admitted to Mt. Sinai Hospital on April 6, 1908. He had long been addicted to the use of alcohol and cigarettes, both to excess. For three or four weeks prior to admission he had complained of transient attacks of paresthesia of the left hand and wrist, with numbness and weakness. These attacks, which occurred about once a week, were of a few minutes duration, and upon one occasion were associated with mental confusion.

Without further warning, he had a rather sudden attack of paralysis involving the left face and arm; this was transient in character, lasting