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The President, DR. ALFRED REGINALD ALLEN, in the Chair

VARIABLE MIGRAINOUS RECURRENT PARALYSES FOLLOWED BY PERMANENT INCOMPLETE LATERAL HOMONYMOUS HEMIANOPSIA

By Tom A. Williams, M.D.

A dentist, 39 years of age, referred by Dr. Sterling Ruffin on December 2, 1910, had a sudden headache followed by a blurring of vision and then by lateral blindness. The diagnosis made was thrombosis of a sclerotic vessel. Blood pressure was 120, no albumin or sugar was in the urine, and the heart was normal. The reflexes were said to be exaggerated. The attack occurred while he was dressing, with a sudden headache. The history showed attacks of migraine. During these he would be totally blind a half hour; then would come nausea and vomiting. He used also to have attacks of numbness in the arms. These had ceased some years ago. His father, now aged 70, his sisters aged 35 and 45, were each subject to similar attacks of migraine, with blurring of vision and seeing with only half the visual field. A brother who was drowned is not believed to have had similar attacks. Nor does his mother have them. History of grandfathers and grandmothers is unknown. Four years ago the man lost power of the right side for some hours. His memory was impaired and he felt unable to use the right word, but by making an effort he could find the right words. He sometimes had similar paralytic attacks in the arm but cannot say whether in the right or left. During these attacks he could not find the buttons of his vest. Evidently an astereognosis was present. The attacks would last about five minutes. One year ago he had an attack in the left arm. He was reaching up for a garden rake, and found that instead of grasping the rake he missed it. In other words, it was an attack of apraxia; for when he touched the rake he found he could grasp it quite well and on that occasion there was no peculiar sensation in hand or arm. He says if he had not used the arm he would not have known anything was the matter; but on attempting to use the arm he detected the peculiarity. With this attack there was no headache or nausea, on the contrary during the attacks of numbness, he could move quite accurately. However, when he touched his clothing with his hands during the numb attacks he became nauseated and a headache would follow. There was always hemianopia after these attacks. When he was young, sometimes these attacks extended to the tongue. He could not say whether the whole tongue or whether only the front or back of the tongue was affected. He never had motor or sensory aphasia with these attacks. On one occasion he could not express his thoughts perfectly and there was hesitation and confusion when he could not do so. He could not get the word out, but no wrong word came. With these attacks there was no unconsciousness. He used his will to overcome his alarm at them, knowing by experience that they would shortly disappear. During one of his right hemiplegic attacks, the voice became high pitched for a minute.

These attacks were said to be due to oversmoking. He is not sure

that they were, but he abstained from tobacco. He now smokes four to six cigars a day. His habits otherwise are good. His feet are always cold and perspire readily. His skin bruises easily. On examination the deep reflexes were exaggerated, the plantar reflexes doubtful. Sensibility and motility were normal. There was no Chvóstek sign; slight scoliosis to the left; pupils reacted normally and promptly. There was a complete right hemianopsia. Optic papilla was normal. He was advised to stop tobacco, and was told that the hemianopsia would diminish as the effects of these migrainous attacks had ceased. He has returned to work able to see in his fine work but at last report he had still partial hemianopsia.

RECURRENT VERTIGO FROM HYPADRENALISM CURED BY OPOTHERAPY

By Tom A. Williams, M.D.

This case was referred by Dr. Wilfred Barton, of Washington, on account of his belief that the patient had psychasthenia, with request for instructions as to psychotherapeusis. She was a woman of 29, subject to attacks of vertigo and in great fear of going outside of the house in consequence. The patient showed a complete absence of hysterical tendencies, i. e., there was no hyper-suggestibility. Nor were there any psychasthenic stigmata: so the case was regarded as psychasthenic.

Physical examination was negative with the exception of a slight exaggeration of the deep reflexes and a great bruisability of the skin. Naturally the examination of the cerebellar function was very minute; but it showed no anomaly whatever. The patient used to have these vertiginous attacks suddenly, irrespective of any difference in psychological state. She would fall forward, *not unconscious*, but completely vertiginous. Objects went round, and the floor seemed to ascend and hit her in the face. Dr. Williams therefore believed that she had not psychasthenia, but functional instability of the vasomotor apparatus, possibly including that governing the vestibular centers or the labyrinthine, as when an attack occurred there was a roaring in the ears. On considering the bruisability of the tissues this might be due to a lack of adrenalin. Believing then that these attacks were possibly due to a morbid dilatability of bloodvessels with consequent hyperemia of the vestibular apparatus in some part of its course, Dr. Williams suggested adrenal substance. This was given and the attacks ceased for several months. Then she was three months without adrenal substance and had an attack. She then continued adrenal, and has had no attack since. The "phobia" has disappeared, as was to be expected, it being in reality a fear of falling and not a true phobia. Natural in the circumstances.

TWO CASES OF HYSTERIA, SENSORY AND MOTOR RESPECTIVELY, CURED RAPIDLY BY PSYCHOMOTOR DISCIPLINE WHERE PROLONGED SUG- GESTION HAD FAILED

By Tom A. Williams, M.D.

A young woman, aged 28, was seen with Dr. Hardin, of Washington, D. C., to whom she was referred by Dr. Maphis, of Warrenton, Va. In