presented the subject more in detail before the American Neurological Association without publishing it. At that time he called attention to a syndrome which differed considerably from the intermittent peripheral paralysis with spasm, and called attention to the condition of intermittent hemiplegia occurring in cases of marked cerebral arteriosclerosis, these cases going to autopsy, diagnosed as uremic, although they could not be explained on that ground. His attention was first called to this condition in a case of migraine in which there was extensive arteriosclerosis without kidney involvement. In this just as in the peripheral cases, there is a condition of deficient nutrition to brain centers due to a very marked condition of arteriosclerosis. This condition he tried to explain in this discussion must be distinctly differentiated from cases with uremic symptoms, on the one hand, and the sclerotic cases in which the pons or basic centers are involved. In these cases the symptoms are much more prolonged. In the condition of which he was speaking they may last 24 hours. His own feeling about these cases of peripheral intermittent claudication was that they could not be altogether explained on the deficiency of the blood supply. There was some change in the muscles. A damming back of the blood with increased total blood supply in the extremity was a much more potent factor than the deficient blood supply. In the Phipps Institute the leg muscles had been examined in practically every case autopsied. Very often they came across extensive grades of arteriosclerosis, and in one case only, of intermittent claudication. We must consider whether a parenchymatous change in the lower extremities rather than a deficient supply from the vessels is responsible; i.e., a pathological change in the whole extremity in the arteries, veins, muscles and to a certain extent in the tissues.

Dr. Spiller stated that he understood Dr. Riesman to say that the only important differential feature in this central claudication according to Dejerine, is the condition of the pulse. Dr. Spiller stated that Dejerine emphasized the fact that in the central type of claudication the reflexes may be exaggerated after exhaustion and lost at other times; there may be a Babinski sign after exhaustion. He thought hardly anyone who had studied the subject of intermittent claudication believed it due solely to the arteriosclerosis. Erb stated that there must be something in addition to the arteriosclerosis. Arteriosclerosis often occurs without intermittent claudication.

Dr. Spiller said transitory hemiplegia from arteriosclerosis is well known. He had spoken of it himself repeatedly during many years.

A CASE OF alternating unilateral epileptiform convulsions associated with cortical cerebral degeneration.

By Drs. Charles W. Burr and Carl D. Camp.

An elderly man suddenly fell unconscious in a right-sided convulsion. For the remainder of his life, a few weeks, he continued unconscious and had recurring epileptiform convulsions, sometimes confined to one side, sometimes to the other, and occasionally passing over slightly to the other side. The immediate cause of death was lobar pneumonia. At autopsy the calvarium and dura mater were found to be entirely normal. The pia over the Rolandic region and anterior
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The anterior horns of the lateral ventricles were contracted and showed numerous adherent bands. The floor of the lateral ventricle was distinctly thickened. There was no softening or hemorrhage anywhere within the brain. The superior longitudinal sinus contained an ante-mortem clot. The pons, medulla and spinal cord were normal. The thickening of the pia was due to an overgrowth of the connective tissue without round cell infiltration. Many of the Betz cells of the cortex were markedly degenerated. The case is interesting on account of the occurrence of the convulsions due to primary disease of the cortical cells. It is also interesting on account of the nature of the convulsions themselves, sometimes occurring on one side, sometimes on the other.

Dr. Spiller stated that some years ago he had a case similar to this. The man had unilateral convulsions first on one side of the body and then on the other, caused by an extradural hemorrhage in the occipital region. The patient was operated upon and the hemorrhage removed. There seemed to be irritation first on one side of the brain and then on the other.

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Dr. Allan McLane Hamilton in the Chair.

THE PSYCHOGENETIC FACTORS IN SOME PARANOIC CONDITIONS, WITH SUGGESTIONS FOR PROPHYLAXIS AND TREATMENT.

By Dr. August Hoch.

Dr. Hoch pointed out that among the paranoic states there were cases, and that they probably represented a large proportion, in which the psychogenesis could be clearly traced, when the facts of the cases were really accessible. The theory of the development of paranoic states Dr. Hoch summarized briefly as follows, stating that besides basing his ideas upon facts of his own studies he had been influenced by the work of Adolf Meyer, Freund, Bleuler and Jung:

Every person has certain points on which he is especially sensitive. He has ideas or complexes of ideas which are associated with very strong feelings. These complexes refer either to personal defects, shortcomings, limitations, or to feelings of guilt, remorse, shame; on the other hand to certain longings and desires. We may, therefore, generally speaking, say that they belong either to the realm of self-assertion or to the sexual sphere, in the broadest sense of the term. Now most people are able to get square with such things, partly because their nature is such that these feelings never reach anything like a great intensity, or partly because they have a healthy way of dealing with these matters.

Other people do not get square with such difficulties. They do not acquire balancing, healthy habits, such as a healthy turning away from one's difficulties to outside interests, or a habit of unburdening or a certain aggressiveness and the like. While then such undercurrents, as we may call these complexes, when they are of any intensity have themselves