well-nourished woman. Wassermann negative. Right lid droops, pupil is small. Eyes are negative except in so far as the lid, pupil, and ocular position are concerned, there being slight enophthalmos. O. D. palpebral fissure measured 4.5 mm., O. S. fissure 7 mm.; O. D. pupil measured 1.5 mm., O. S. pupil 2.5 mm.; O. D. exophthalmos measured 15.5 mm., O. S. exoph. 16.5 mm. After three drops of a 5 per cent. solution of cocaine and waiting thirty minutes, O. D. fissure measured 5 mm., O. S. fissure 9 mm.; O. D. pupil measured 1.5 mm., O. S. pupil 4 mm.; O. D. exophthalmos measured 15.5 mm., O. S. exoph. measured 17 mm., making it quite sure there was paresis of the right cervical sympathetic; the right side of the face was also less well developed than the left.

Dr. F. H. Clark (by invitation) reported a case of tic of the abdominal muscles of eighteen years' duration, with necropsy (*See page 510.*)

Dr. Weisenburg said he remembered this patient very well, as he had been in Blockley for a long time. He had taken moving pictures of him six or seven years ago and again several years before he died. The tic in the first picture was very marked, in the latter not quite so marked and it was his impression that it became less as the patient grew older. The pictures of this patient were shown before the International Medical Congress in London in 1913. It is interesting that most of the neurologists expressed themselves that they had not seen a similar case.

Dr. Langdon said one thing struck him: that the majority of tics come from an idea; the commonest form is that of oculomotor spasm and that comes from a mild low-grade conjunctivitis, which will be present a short time. He has seen it any number of times in children and it is kept up by the continual closing of the orbicularis, and if it is treated more or less actively with lotions containing zinc the tic will often quiet down if taken in its earliest form. He thought many of them go on for years because not treated, not from an idea, but as an actual condition.

The form of tic which ophthalmologists most frequently see is blepharospasm, which usually does not start from an idea, in his experience, but with some form of mild conjunctival inflammation, which in turn is kept up by the spasm of the orbicularis, and so a vicious circle is set up. The best treatment is a lotion containing astringents, especially zinc, though the habit once formed is at times quite difficult to overcome.

TUMOR OF THE DURA

By John H. W. Rhein, M.D., and Thomas Adams, M.D.

The man, aged 48, colored, was admitted to the Howard Hospital January 5, 1916, at 1.30 a.m. Upon admission the left arm and leg were the seat of convulsive movements. The patient was conscious and talked intelligently and said the convulsive disturbances came on at midnight and that this was the first attack. The left arm and leg seemed weak and he was unable to lift the left leg from the level of the table. The pulse was hard and bounding. The patient was put in bed, the convulsions persisting. He bit his tongue, the left side of the face became drawn, and he became unconscious at the end of an hour. The blood pressure was over 300 mm. Venesection was done and four ounces of blood withdrawn. The convulsions ceased and he became quiet.

Upon examination by Dr. Rhein the following day he presented the following condition: Conjugate deviation of the eyes to the right, pupils inactive and equal, breathing stertorous, both cheeks blowing out equally. The right arm was rigid; the left flaccid. There was no rigidity of either leg. Ba-

binski was present on the right side. The knee jerks were capricious, occasionally present on both sides slightly, but absent on most tests. There was no clonus on either side. Heart sounds were clear and there were moist râles on the bases on both sides. Further tests could not be made, as the man was unconscious.

The patient's sister gave the following statement: Her brother had lived in her house for several years, working regularly as a stevedore. His only complaint was that at times his left arm and leg would go to sleep and sometimes at night he would ask her children to rub his hand to take away the sensation. On the night of the attack he came home from work as usual and ate a large supper of sausage. He went to bed early and she heard him singing a hymn while undressing. About midnight she was awakened by his groans. She said he was always a great eater of meat, but was not an alcoholic. He died at 6 p.m. of January 5.

Pathological diagnosis: Edema of the lungs with congestion and small patches of bronchial pneumonia. The kidneys showed focal interstitial nephritis and parenchymatous change. There was a well-marked arterial sclerosis. The brain was the seat of a tumor involving the dura on the right side, in the paracentral region. It was very cellular, the cells being elongated, and contained many thin-walled blood vessels and several round calcareous bodies. Dr. E. O. Case made a diagnosis of psammo-sarcoma.

The tumor is a spherical mass about 4 cm. in diameter. It is attached to the dura and compresses the brain in the right paracentral region, forming a depression in the cortex $3\frac{1}{2}$ cm. long, and in depth almost 2 cm. and about $2\frac{1}{2}$ cm. in transverse diameter. When in position the tumor is only slightly elevated above the surface of the brain. The brain tissue is not invaded. The brain macroscopically appeared otherwise to be normal.

Of tumors of the dura mater, sarcoma and endothelioma are the most common, fibroma, lipoma, and chordoma being of rarer occurrence. Gliosarcoma of the brain, and carcinoma of the scalp may give secondary growths in the dura. The psammo-sarcoma is not uncommon.

This case illustrated the ease with which this class of tumors may be removed. In this case if the patient could have been under observation long enough to have made a diagnosis, no doubt the tumor could have been successfully removed. The causation of the symptoms causing death is a matter of doubt in this case. The man was undoubtedly uremic and a diagnosis of uremic convulsions was made. The question arises, did not the tumor localize the convulsions to one side?

TIC DOULOUREUX

By G. M. Dorrance, M.D.

Dr. Dorrance gave a brief historical sketch of the history of the disease and gave more or less in detail all of the early methods of treatment employed for its relief.

He gave in detail the accepted methods of treatment at the present day and favored the surgical and injection methods.

While selecting five methods of operating, he favored that of Cushing for gasserectomy and that of Frazier and Spiller for cutting the posterior root.

He gave in detail Levy and Baudoin's method, made popular in this country by Patrick, and showed several lantern slides illustrating the method of approach to the various branches.

Hartel's method was given as the one of choice and here several slides and many anatomical pictures were shown illustrating the method and showing the needle in position.