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