DISPENSARY WORK IN DISEASES OF THE NERVOUS SYSTEM, IV¹

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This is the fourth annual report of the dispensary service of Professor Hammond and covers the clinical work of the dispensary for the year 1914. The first published report, that of 1911, appeared in the Post Graduate, June-July, 1912, and contained a brief historical summary of the work hitherto done at this dispensary. The second annual report for 1912 appeared in the Post Graduate for August, 1914, and that of the clinical work of the dispensary for 1913 in THE JOURNAL OF NERVOUS AND MENTAL DISEASE, January, 1916.

The personnel of the service during the year 1914 shows some slight changes and consisted of the following: Professor M. G. Hammond; Adjunct Professor S. E. Jelliffe; Chief of Clinic Dr. C. N. Haskell; Instructor Dr. F. H. Barnes.

There was also a considerable increase in the number of patients testifying to the increased facility for satisfactory treatment of the patients presenting themselves.

LECTURES

During 1914 the regular course of clinical lectures was given by different members of the staff. These were illustrated by charts, gross anatomical specimens and photographic and microscopical projections. The list in part is as follows:

Prof. M. G. Hammond.

January 14, 1914. Tabes (results of treatment, 2 cases); Traumatic Neuritis (1 case); Bell's Palsy (1 case).

January 21, 1914. Neurasthenia (2 cases).

January 28, 1914. Bulbar Palsy, Encephalomyelitis, Syphilitic (1 case); Mental Defective (1 case); Traumatic Hysteria (1 case).

February 6, 1914. Facial Palsy, Peripheral (1 case); Facial

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- Palsy, following Mastoid Operation (1 case); Exophthalmic Goitre (1 case); Cerebrospinal Syphilis (1 case).
- February 11, 1914. Neurasthenia (1 case); Meningomyelitis (1 case).
- February 13, 1914. Manic Depressive, Depressed Stage (1 case); Hysteria (1 case); Tabes (1 case).
- March 25, 1914. Exophthalmic Goitre; Multiple Sclerosis; Neurasthenia in High Grade Imbecile.
- April 1, 1914. Paramyoclonus Multiplex; Acute Melancholia; Neurasthenia.
- April 8, 1914. Exophthalmic Goitre; Myxedema; Multiple Sclerosis; Paramyoclonus multiplex.
- April 17, 1914. Cerebrospinal Syphilis, Hemiplegic Type, Trombotic (1 case); Recurrent Melancholia (2 cases); Progressive Muscular Atrophy (3 cases).
- April 22, 1914. Chorea.
- April 24, 1914. Multiple Neuritis, Motor; Progressive Muscular Atrophy; Cerebral Hemiplegia, Child; Mental Defective.
- April 29, 1914. Anxiety Neurosis (4 cases).
- May 1, 1914. Epilepsy (3 cases).
- May 13, 1914. Chorea (3 cases).
- October 14, 1914. Progressive Muscular Atrophy (1 case); Multiple Sclerosis (hospital case); Epilepsy (showing Petit mal).
- October 21, 1914. Bell's Palsy (1 case); Chorea (1 case); Hyperthyroidism (1 case); Progressive Muscular Atrophy (1 case).
- October 28, 1914. Anxiety Neurosis (4 cases); Petit mal (1 case).
- November 6, 1914. Multiple Neuritis (1 case); Anxiety Neurosis (4 cases); Progressive Muscular Dystrophy (1 case).
- November 11, 1914. Chorea (2 cases); Myoclonus multiplex (1 case); Epilepsy (2 cases); Anxiety Neurosis (1 case); Neurasthenia (1 case).
- November 20, 1914. Epilepsy (3 cases).
- November 25, 1914. Epilepsy (2 cases); Bell's Palsy (1 case); Brachial Neuritis (1 case).
- December 4, 1914. Hemiplegia (2 cases); Idiocy (1 case); Nerve Injury (1 case); Epilepsy (1 case).
- December 9, 1914. Dementia Præcox (1 case); Epilepsy (1 case); Chorea (1 case); Habit Spasm (1 case).

December 16, 1914. Facial Spasm (1 case); Facial Paralysis (1 case); Tic Douloureux (1 case); Neuritis Right Arm (1 case).

Adj. Prof. S. E. Jelliffe.

January 9, 1914. Neurolipoma (1 case); Internal Secretions for outline of Psychoanalytic Study.

January 16, 1914. Anxiety Neurosis (2 cases); Second Lecture in series on Psychoanalytic Study.

January 23, 1914. Anterior Poliomyelitis (1 case); Anterior Poliomyelitis, Intra-uterine (1 case); Manic Depressive Psychosis (1 case); Compulsion Neurosis (2 cases).

February 27, 1914. Cerebrospinal Syphilis, (a) Congenital Type (1 case); (b) Tabetic Syndrome (2 cases).

March 6, 1914. Cerebrospinal Syphilis, Tabetic Syndrome (3 cases), Midbrain Type (1 case), Hemiplegic Syndrome (1 case); Congenital Syndrome (1 case).

March 13, 1914. Cerebrospinal Syphilis, Neurasthenic Syndrome (4 cases); Epileptic Syndrome (1 case), Midbrain Lesion (1 case); Hemiplegic Syndrome (1 case); Anxiety Neurosis Syndrome (1 case).

May 20, 1914. Multiple Sclerosis.

May 22, 1914. Mixed Thalamic Syndrome.

July 10, 1914. Tic Douloureux (1 case); Psychogenic Tic, Defense Reaction (2 cases).

September 11, 1914. Introduction to Psychoanalytic Technique.

September 16, 1914. Psychoanalysis: Concept of Libido, of Sexuality, of Repression.

September 18, 1914. Sexual Theories and Significance.

September 23, 1914. Neurasthenia (1 case); Anxiety Neurosis; Compulsion Neurosis; Hysteria.

September 25, 1914. Dreams.

September 30, 1914. Dream Mechanisms.

October 2, 1914. Compulsion Neurosis.

October 16, 1914. Spasmodic Torticollis (1 case); Cerebrospinal Syphilis with Superimposed Psychogenic Syndromes (2 cases).

November 4, 1914. Cerebrospinal Syphilis.

November 13, 1914. Cerebrospinal Syphilis.

November 18, 1914. Spasmodic Wry Neck; Psychoanalysis.

November 27, 1914. Psychoanalysis; Hysteria (1 case); Anxiety Neurosis (1 case).

December 11, 1914. Compulsion Neurosis.

December 18, 1914. Dreams.

Dr. C. N. Haskell.

January 2, 1914. Tabes (1 case); Spastic Paraplegia (1 case); Hemiplegia (1 case).

January 30, 1914. Hysteria, Functional Neurosis (1 case); Traumatic Neuritis (2 cases); Toxic Neuritis, Progressive Muscular Atrophy (1 case).

February 4, 1914. Bell's Palsy (2 cases); Case for Diagnosis.

March 4, 1914. Arm Pains (1 case); Midbrain Tumor (1 case).

March 18, 1914. Birth Palsy (1 case); General Paresis (1 case).

April 3, 1914. Facial Palsy (6 cases).

May 6, 1914. Facial Palsy (7 cases); Brachial Neuritis (1 case); Mental Defective (1 case).

July 8, 1914. Chorea (1 case); Psychosis, Traumatic (1 case).

July 15, 1914. Facial Paralysis (3 cases); Sciatica (1 case); Musculo-Spinal Neurosis (1 case).

July 17, 1914. Hemiplegia (3 cases); Spasmodic Wry Neck (1 case); Hysteria (2 cases).

July 22, 1914. Chorea (1 case); Thrombosis (1 case); Arterio-sclerosis (1 case).

July 24, 1914. Tabes (1 case).

July 29, 1914. Hemiplegia (1 case); Anxiety Neurosis (1 case).

July 31, 1914. Chorea (1 case); Hysteria (1 case).

August 5, 1914. Epilepsy (2 cases).

August 7, 1914. Hysteria (1 case); Cerebellar Ataxia (1 case).

August 12, 1914. Facial Paralysis (2 cases); Birth Palsy (2 cases); Multiple Sclerosis (1 case); Simulating Paresis (1 case).

August 14, 1914. Multiple Sclerosis (1 case).

August 19, 1914. Headache (6 cases).

August 21, 1914. Musculospiral Paralysis (1 case); Hysteria (1 case).

August 25, 1914. Pseudo-Muscular Hypertrophy or Progressive Muscular Dystrophy (1 case); Tabes (1 case); Hemiplegia (1 case).

August 27, 1914. Spastic Paraplegia (1 case); Hemiplegia (1 case).

October 23, 1914. Brain Tumor (1 case); Backward Child (1 case); Tabes (1 case).

December 30, 1914. Hemiplegia (1 case); Sciatica (1 case).

Dr. Barnes.

January 7, 1914. Anxiety Neurosis (2 cases).

March 11, 1914. Anxiety Neurosis (1 case); Manic Depressive Insanity (1 case).

April 15, 1914. Neurasthenia (1 case); Chorea Minor (1 case); Occupational Neuritis, Right Arm (1 case); Birth Palsy, Right Arm (1 case).

May 8, 1914. Aphonia (1 case); Paranoia (1 case).

May 27, 1914. Anxiety Neurosis (2 cases); Backward Child (1 case); Multiple Neuritis (1 case).

May 29, 1914. Chorea (2 cases); Anterior Poliomyelitis (1 case); General Paresis (1 case); High Grade Imbecile (1 case).

June 3, 1914. Neurasthenia (2 cases); Anxiety Neurosis (1 case); Occupational Neurosis (1 case); Cerebrospinal Syphilis (1 case); Cerebral Epilepsy (1 case); Hysteria (1 case).

June 10, 1914. Epilepsy (1 case); Anxiety Neurosis (1 case); Hysteria (1 case); Dementia Præcox (1 case).

June 12, 1914. General Paresis (1 case); Occupational Neurosis (4 cases).

June 17, 1914. Bell's Palsy (2 cases); Multiple Sclerosis (1 case); Tic Douloureux (1 case).

June 19, 1914. Tabes (1 case); Chorea (1 case); cerebrospinal Syphilis (1 case); Osteomyelitis (1 case).

June 24, 1914. Exophthalmic Goitre (1 case); Bell's Palsy (1 case); Sciatic Neuritis (1 case).

June 26, 1914. Dementia Præcox (1 case); Convulsive Tic (1 case); Chorea (1 case); Hysteria (1 case).

July 1, 1914. Dementia Præcox (1 case); High Grade Imbecile (1 case); Headache (1 case).

July 3, 1914. Multiple Sclerosis (2 cases); Involutional Melancholia (1 case); Neurasthenia (1 case).

September 2, 1914. Epilepsy; Feeble Minded Children (2 cases); Chorea; Neurasthenia (2 cases).

September 4, 1914. Dementia Precox (1 case); Presenile Depression (1 case); Juvenile Tabes (1 case).

October 7, 1914. Epilepsy (1 case); Chorea (1 case).

October 9, 1914. Anxiety Neurosis (2 cases); Backward Child (1 case).

October 30, 1914. Toxic Paraplegia (1 case); Involutional Melancholia (1 case).

December 2, 1914. Anxiety Neurosis (2 cases); Presenile Depression (1 case); Low Grade Imbecile (1 case).

Dr. Osnato.

February 18, 1914. Progressive Muscular Atrophy (4 cases); Epilepsy (4 cases).

February 25, 1914. General Paresis (2 cases); Dementia Præcox (1 case); Manic Depression (1 case); Anxiety Neurosis (1 case).

STATISTICS

The total number of patients on record for the year 1914 exceeds by nearly 500 the total number for the previous year. The number is 1,628, of whom 1,596 are available for this study. The total number of visits made is 7,446, exceeding also that of 1913, but with the same average of approximately five visits per person.

The distribution of visits throughout the months of the year is fairly uniform, though a difference is shown of 193 between the attendance in February, in which is recorded the smallest number, and that of November when the largest number appears. The attendance remained at a high level from May through October, increasing in that month to attain the highest number in November. September alone furnished an exception to this when the attendance fell somewhat but not so low as in the first two months of the year.

The routine which has been previously reported has been followed in the examination, registration of old and new patients and the recording of the histories. The former blank forms for mental and neurological status have been retained, as before reported.

CLINICAL SUMMARY

As before the total number of patients falls into two groups. 157 are classed as non-neurological, while there are for this study 1,439 distinctly diagnosed as neurological and mental.

The first group is composed of 87 male and 70 female patients. It is proportionately a much smaller group than reported here last year. The second group comprises 764 males and 675 females, showing again an increase in the number of male patients over the female patients, which was observed in 1911 and 1912, though in 1913 the women patients outnumbered the men.

We have attempted to follow as last year the classification according to the manifestation of disturbances in the three spheres of mental and nervous activity, psychical, sensori-motor and vegetative. Making a loose division, which is unavoidable since we deal with no hard and fast divisions, we may divide the 1,439 patients into 633 psychical disorders and 807 which manifest themselves more distinctly upon the sensori-motor and vegetative levels.

MENTAL DISORDERS (PSYCHICAL LEVEL)

The better understanding of the interaction of the mental or psychical and the somatic disorders through which its activity manifests itself gives a much broader basis on which to classify the various disorders which present themselves for treatment in this department, at the same time that they exclude a rigid distinction in classification. This form of classification recognizes more clearly the overlapping of various forms because it discovers a common psychogenic basis concerned in the production of symptoms.

Moreover it includes in the term mental those borderline cases which the narrow clinical use of the term mental at one time ruled out. Both the clinical work and the instruction of the lecture room aim at this broader recognition with the greater diversity of clinical forms which this implies and a broader scope for directed therapeutic effort. We seek therefore to offer to a larger and increasing variety of disorders, many of which formerly received scant attention, better understanding and a place in practical therapy for the community, besides adding a far wider field for investigation of disorders of the psychical life as of equal importance with the strictly neurological field of investigation.

THE FEEBLE-MINDED GROUP

This is a small group in numbers but the patients presented here have received the usual special attention directed to their examination and improvement as far as possible. The classification of the number included in this group, thirty-seven in all, is as follows:

	Male	Female	Total
Idiocy.....	1		1
Mental defection.....	13	6	19
Mental retardation.....	4	1	5
Constitutional inferiority.....		3	3
Stigma of degeneration.....		1	1
Feeble-mindedness.....	4		4
Feeble-mindedness congenital lues.....		1	1
Imbecility.....		3	3
	22	15	37

NEUROSES AND PSYCHONEUROSES

We follow as heretofore the classifications based upon the principles of psychoanalysis and attempt to carry out the treatment according to the same principles.

Neurasthenia Group.—The limitations in facilities for intensive study of many of our cases have necessitated the retention of this rather indefinite term for a group of patients suffering from nerve fatigue of toxic or infectious origin or due to some other immediate precipitating cause. Where a deeper investigation is possible these patients fall under groups more exactly defined. As this group stands here it includes two hundred and twelve patients, one hundred and thirteen male and ninety-nine female.

Anxiety Neurosis.—Under this group belong those patients who manifest acute conditions of anxiety states of definite character varying from insomnia, general irritability, apprehension and marked emotional contrasts of temper or of depression and exaltation to the more physical manifestations such as palpitations, asthmatic chokings, digestive disturbances, diarrhea, vertigo, and the like. They are usually traceable to sexual maladjustment in the stricter sense.

Such cases do not necessarily call for a protracted psychoanalysis but are amenable to the application of the psychoanalytic principles of readjustment in a few visits. This group comprises seventy-three men and one hundred women, a total of one hundred and seventy-three.

Hysteria Group.—This group is defined by the conception of the conversion of mental conflicts into physical symptoms. Though they involve a patient investigation extending over some considerable time, they offer an important field for the successful application of the psychoanalytic therapy to the discovery and readjustment of these mechanisms. One hundred and four patients, thirty-six male and sixty-eight female, belong in this important group.

Compulsion Neurosis.—This name is applied to a group of sufferers from an underlying compulsion which manifests itself in a variety of ways. These may take the form of tics, torticollis, stuttering, alcoholism, drug addiction or of a more purely psychical phenomenon, the compulsive character of which is realized by the sufferer alone. Each form is traceable by psychoanalysis to some underlying psychical cause, the discovery of which leads to a better adjustment or "abreaction" of the complex which it represents and therefore relief from the compulsive symptom. Twenty-two males and nine females, thirty-one in all, are reported in this group.

Mixed Psychoneuroses.—It is indicative of the broader attitude of the classification which we have used, as well as of its greater adaptability to actual conditions of mental illness and clinical needs that it has no hard and fast boundaries. It recognizes the necessary overlapping of various pathological conditions and the complexity both of symptomatology and of the complexity of underlying causes. The aim of psychoanalysis is thus due to reach the broad personality and work toward its readjustment rather than to hope to reach real results by following out any one limited classified line of investigation or treatment.

Classifications become therefore merely guiding lines and under them we must allow for a large group of mixed psychoneuroses, the clinical pictures of which are complex and not clearly defined but which offer a fruitful field for psychoanalytic therapy. This group then numbers nineteen males and twenty-one females, a total of forty.

The psychoanalytic work for the year has been carried on by Drs. Beatrice Hinkle and S. Blumgart. It has proved itself a valuable means of approach in the understanding of disturbances otherwise difficult or impossible of approach or of complete understanding of their actual meaning and potency. The number of patients who present themselves to this service of the clinic and the readiness with which they respond to the psychical approach to their difficulties attest the value of this treatment.

PSYCHOSES

Toxic Psychoses.—The same adaptability of a broader classification to actual human conditions admits of no fixed boundary between the preceding groups and the psychoses, nor of an absolute delimitation within this group. The five male patients therefore who manifested mental disturbance due to alcohol or other drugs have already been included among the compulsive neurosis group.

Dementia Precox Group.—Twenty males and eight females, a total of twenty-eight, have been placed in this group.

Paranoia.—Two male patients appear in this group.

Melancholia.—It is difficult here to determine within the brief period of observation of clinical service whether these are true cases of melancholia or whether they belong to the anxiety type of neurosis. We include here fourteen women, one with puerperal melancholia and thirteen with involutional melancholia. One man is also noted with acute melancholia, and three men and four

women suffering from depression, making a total in all of twenty-two.

Manic-Depressive Psychosis.—Five males and two females, seven in all, are reported in this group.

Senile and Presenile Psychoses.—One woman is reported under the former group and one man under the latter, a total of two patients.

The symbolic level disorders may be tabulated as follows:

Diagnosis	Males	Females.	Total
Feeble-minded group.....	22	15	37
Neurasthenia group.....	113	98	212
Anxiety neurosis.....	73	100	173
Hysteria group.....	36	68	104
Compulsion neurosis.....	22	9	31
Mixed psychoneuroses.....	19	21	4
Dementia præcox group.....	20	8	28
Paranoia.....	2		2
Melancholia group.....	4	18	22
Manic depressive.....	5	2	7
Senile and presenile.....	1	1	2
Syphilitic psychoses: cerebral syphilis.....	31	9	40
	348	350	698

SENSORI-MOTOR LEVEL DISORDERS.

The threefold division of the nervous system and its disorders to which we adhere brings us next to the disorders of the sensori-motor level. 653 patients are here included.

CRANIAL NERVES

Bell's Palsy.—Eleven patients presented this condition, seven males and four females.

Trigeminal Neuralgia.—Eight males and eleven females, nineteen in all, suffered from this condition.

Facial Neuralgia.—Two males and two females, four patients, presented this condition.

Ménière's Disease.—Eight patients presented this disorder, three males and five females.

Tic Douloureux.—Five patients, two males and three females, suffered from this condition.

Seventh Nerve Palsy.—Twenty men and eleven women, a total of thirty-one patients, suffered from this disorder.

Paralysis of Vocal Cords and Laryngeal Paralysis.—One male suffered from the first condition, while one female showed a left recurring laryngeal paralysis.

CEREBRAL DISORDERS

328 patients, 199 male and 129 female patients, are reported here, presenting a variety of cerebral disorders.

Chorea.—Twenty-eight males and thirty-five females, a total of sixty-three patients, are recorded under this head.

Arteriosclerosis.—Fourteen male and eight female patients present this condition, twenty-two patients in all, one male presenting this as a result of alcoholism.

Cerebral Hemorrhage.—One male and one female are recorded here, the latter presenting an aphasia as a result.

Cerebral Tumor.—Three males and two females, five patients, suffered from this disorder.

Epilepsy Group.—There must still be included here the broad variety of disorders which follow the epileptic mode of discharge. It comprises therefore fifty-four patients, thirty-two males and twenty-two females, who may be classed under genuine epilepsy, and two females manifesting Jacksonian epilepsy.

Cerebrospinal Syphilis.—Twenty-nine males and nine females, thirty-eight patients in all, manifested this disorder.

Lues.—This condition was present in four patients, three male and one female.

This material may be presented as follows:

General Paresis.—Two males presented this condition.

	Male	Female	Total
Bell's palsy	7	4	11
Optic neuritis (alcoholic)	1	0	1
Trigeminal neuralgia	8	11	19
Facial neuralgia	2	2	4
Tic douloureux	2	3	5
Seventh nerve palsy	20	11	31
Vocal cord and laryngeal paralysis	1	1	2
Chorea	28	35	63
Arteriosclerosis	14	8	22
Cerebral hemorrhage	1	1	2
Cerebral tumor	3	2	5
Epilepsy	32	22	54
Cerebrospinal syphilis	29	9	38
Lues	3	1	4
Tabes and locomotor ataxia	3	1	4
General paresis	2	0	2
Multiple sclerosis	11	4	15
Polioencephalitis	3	0	3
Paralysis agitans	4	1	5
Little's disease	1	0	1
Paresthesia	0	2	2
Hemiplegia and paraplegia	24	11	35
	199	129	328

Polioencephalitis.—Two male patients presented this condition and one male a condition of encephalitis.

Paralysis Agitans.—Five cases of this were presented, four male and one female.

Little's Disease.—One male manifested this condition.

Paresthesia was present in two females.

Hemiplegia and Paraplegia.—Thirty-five patients, twenty-four male and eleven female, presented the former condition and one male the latter condition.

SPINAL CORD AND PERIPHERAL NERVES

Spastic Paraplegia.—Four males manifested this affection, and one female, the latter case resulting from a syphilitic myelitis.

Peripheral Palsies.—Six males and two females manifested these palsies of the peripheral nerves, eight patients in all, besides one male manifesting peripheral nerve injury.

Birth Palsy, Infantile Palsy.—Five females manifested the first affection, two males the latter, a total of seven patients.

Syringomyelia.—One male presented this condition.

Transverse myelitis.—One female is reported here.

Sacro-Iliac.—One male and two females, three patients, are reported with this condition.

Musculospinal Paralysis.—Four males present this condition.

Anterior Poliomyelitis.—Six males and two females present this condition and one male a congenital form, making in all eight patients.

Occupation Neurosis.—Forty-three patients manifest this disorder, twenty-eight males and fifteen females.

Neuralgias and Neuritides.—Six males and nine females, fifteen patients, suffered from various neuralgias, and one hundred and twenty men and eighty-six women, two hundred and six patients, from various neuritides. Of the latter forty-four males and sixteen females, fifty-nine in all, manifested brachial neuritis, thirty-two males and sixteen females, forty-eight patients, were cases of sciatic neuritis, six males and four females, ten patients, were of traumatic origin, four patients, one male and three females, manifested a lumbar neuritis, three males and two females, five patients, were cases of alcoholic origin, one of the males manifesting an optic neuritis, seven males and sixteen females, twenty-three patients, were suffering from multiple neuritis, while twenty-seven males and twenty-nine females, fifty-six patients, showed various distribution of the neuritis.

Tabes and Locomotor Ataxia.—Three men and one woman, four patients, revealed this condition.

Multiple Sclerosis.—Eleven male and four female, fifteen patients, suffered from this condition.

Progressive Muscular Atrophy.—Nine males manifested this disorder.

Progressive Muscular Dystrophy.—One male presented this condition.

These cases may be summarized as follows:

	Male	Female	Total
Spastic paraplegia.....	4	4	5
Peripheral palsies.....	6	2	8
Birth palsy, infantile palsy.....	5	2	7
Syringomyelia.....	1	0	1
Transverse myelitis.....	0	1	1
Sacro-iliac.....	1	2	3
Musculospiral paralysis.....	4	0	4
Anterior poliomyelitis.....	6	2	8
Occupation neurosis.....	28	15	43
Neuralgias and neuritides.....	126	95	221
Tabes and locomotor ataxia.....	3	3	4
Multiple sclerosis.....	11	4	15
Progressive muscular atrophy.....	9	0	9
Progressive muscular dystrophy.....	1	0	1

VEGETATIVE SYSTEM LEVEL

In this grouping we include those disorders which are due to disturbances in the glandular secretions or in the non-nervous organs and tissues, which are however all under the control of this level of nervous activity.

Arthritis.—Six patients, three male and three female, are reported here.

Osteomyelitis.—One male manifested this affection.

Thyreopathies.—Six females presented the condition of hyperthyroidism, and one male and three females, four patients, are reported under *exophthalmic goitre*.

Headache and Migraine.—Seventeen males and twenty-two females, thirty-nine patients, are reported suffering from headache of varied origin, and eleven males and seventeen females, twenty-eight patients, from migraine.

Lumbago.—Thirteen patients, eleven males and two females, suffered from this condition.

Raynaud's Disease.—One male manifested this condition.

Vasosconstrictor Paralysis.—Two males manifested this disorder.

Myositis and Myalgia.—Two males and three females, five patients, suffered from the former affection, and three males and three females, six patients, from the latter.

These disorders may be tabulated as follows:

	Male	Female	Total
Arthritis	3	3	6
Osteomyelitis	1	0	1
Thyropathies	1	9	10
Headache and migraine	17	22	39
Lumbago	11	2	13
Raynaud's disease	1	0	1
Vasoconstrictor paralysis	2	0	2
Myositis and myalgia	5	6	11
	41	42	83

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