Dr. Elsberg said there were three ways of improving one's knowledge of this subject: (1) by animal experimentation; (2) by post-mortem examinations; (3) by clinical observations, and by work on the operating table. As the result of clinical studies and observations in the operating room, they had learned that there were cases of multiple sclerosis in which distinct sensory level symptoms could be found. A certain number of these had been operated upon. The results had often been astonishing. The astounding benefits from laminectomy and simple exposure of the cord had been obtained so often that a coincidence was impossible. One result must be explained as due to some change in the circulation of the cord from the entrance of air and light into the subdural space; and the conclusion was justified that laminectomy and simple exposure of the spinal cord might, and often did, temporarily or permanently benefit or check the symptoms of spinal disease.

APRIL 4, 1916

The President, DR. WILLIAM M. LESZYNSKY, in the Chair

REPORT OF A CASE REPRESENTING SIMPLE TIC MECHANISM

By C. P. Oberndorf, M.D.

Dr. Oberndorf stated that the French school of neurology first called attention to the fact that tic movements originally represented a purpose to the ticquer, but as the purpose no longer remained vital, the movements were apparently meaningless. Brissaud and his pupils also emphasized the fact that the emotional state of the adult ticquer is that of the child. The psycho-analytic school advanced the theory that the tic is a symptomatic representation of a conflict, an oscillation between two desires, originating in childhood, but having become more or less unconscious. More recently L. Pierce Clark had interpreted the tic to be an auto-pleasurable act of sex significance. In the cases reported by Dr. Oberndorf the tic was interpreted to be essentially a defense reaction against a primarily auto-pleasurable act and to have arisen as a result, or attempt at repression, of an ethical censorship. In this light the tic, like other neurotic symptoms, constituted a compromise to retain and at the same time to abandon, an act which originally yielded satisfaction, but which had become intolerable because it did not correspond with the individual's ideal of adolescent or adult propriety. The mechanism of all of the cases, according to Dr. Oberndorf, was rather simple and almost obvious, but it should be pointed out that the purposes of childhood were simpler and more direct than those of the adult mind, and so, too, the methods of altering or suppressing them were more transparent. As an example of the type of case analyzed the following was selected: Patient, woman, 34, under analysis for a depressive hallucinosis, was remarked repeatedly to dig her left forefinger into the hollow of her cheek. She explained that she often unconsciously did this when under stress and always before going to sleep at night. During the course of the analysis its significance became clear. As a little girl she constantly sucked her left index finger and continued up to the age of eight, when her father undertook to break her of the habit by employing the usual punishments, corporal and psychic. However, when about twelve years old, she was stricken with a severe febrile disease, which was accompanied by distressing unrest and insomnia. When the family physician complained of the inefficacy of his drugs in controlling her excitement, the father suggested that he knew what would quiet her "more quickly than any medi-

cine"—namely, permission to suck her finger. The physician did not disdain to accept the hint, which worked miraculously well. After her convalescence naturally the habit persisted and again her father undertook its correction, this time by moral reasoning. During the day she successfully combated the practice but when alone at night an intense desire possessed her to revert to the infantile means of pacification. Her compromise resulted in putting her finger to the outside of her cheek instead of inside her mouth, and pressing the finger against the cheek instead of the cheek against the finger. Thus she protected herself against violating her father's admonitions and at the same time retained the equivalent of her auto-pleasurable sensation, in slightly altered form. She unconsciously reverts to this tic-like habit at the present time, only to induce sleep or when under some particular strain.

Dr. A. Stern said that there were many interesting points that Dr. Oberndorf had brought out. Purposeless movements which meant nothing to the ordinary observer did really mean something very definite when properly analyzed and properly interpreted. Nothing that the individual did was done without any object in view. It was an attempt to accomplish something. The important point of the paper was that these movements should have a proper interpretation.

Dr. Ramsay Hunt asked how long the treatment was in these cases; were the patients cured; and had they been free of their habit since.

Dr. Oberndorf said in reply to Dr. Hunt that the first patient, a boy, was not treated at all, but the case was simply studied. The father treated him by supplying a new purpose. The underlying neurotic state would, however, persist. The boy needed more handling than the clinic could give him. The second case, the woman who put her finger to her cheek, did not come for treatment for the tic; she had hallucinosis; with treatment for the former the tic disappeared. In the third case, a claustrophobia, the tic disappeared entirely, but the patient had supplanted his original tic mechanism by the claustrophobia. Dr. Oberndorf said he had noticed, in going round the wards with neurologists, that no attempt was made to explain these tic movements. These had a meaning, however, and an interpretation should be made. The tic often disappeared spontaneously, but the underlying neurosis remained and needed treatment.

PRESENTATION OF DISEASED CONDITIONS OF THE CALVARIUM, ILLUSTRATED WITH GROSS SPECIMENS

By Bond Stow, M.D. (by invitation)

Dr. Stow showed these specimens to represent the various types of gross lesions of the calvarii. His object was to give a good general view of the subject rather than to take up time in going into the minute histology of the subject. The first specimen presented, one very common in elderly people, known as senile atrophy, showed two well-marked depressions over both parietal regions. The depressions on the outer surface of the calvarium had no corresponding depression on the inner surface. They were caused by an atrophy of the diploë and in consequence lack of support and falling in of the outer table of the parietal bones. The specimen contradicted the theory of phrenologists who claim to diagnose mental status from the contour of the skull. The second specimen presented also demonstrated atrophy, but in this case atrophy due to pressure. This was a very advanced case of pressure atrophy, due to increasing intracranial pressure from a tumor. The case was that of a young girl, about twenty years of age. The sutures, it