

BOSTON SOCIETY OF PSYCHIATRY AND NEUROLOGY.

October 18, 1906.

The President, DR. TUTTLE, in the Chair.

A CASE OF HYSTERIA.

By Dr. Henry C. Baldwin.

P. E., 9 years old, came to the Neurological Clinic of the Massachusetts General Hospital in November 1903. A few days earlier she fell down stairs, but did not hurt herself. The next day she could not walk.

Physical examination shows normal knee jerks and plantars. Sensation was normal. She walked on the toes of her right foot. The diagnosis of hysteria was made, and the patient disappeared from observation.

She came to the Neurological Clinic of the Massachusetts General Hospital a second time in July, 1906. She had constant spasm, especially of the muscles of the back, and when she was placed on the examining table on her back she assumed the position of opisthotonos. There were no spasms or choreiform movements of the muscles of her face or hands. She could walk, but her gait was very peculiar, and the right leg was held rigid and not bent at the knees. There was no disturbance of speech. The knee jerks, Achilles and plantars were normal. Sensation was normal. During the three years that had elapsed since her first visit to the hospital, she had been going to various hospitals in Boston and New York. Scars about the right knee showed that operations had been performed, and she stated that these operations were done at New York hospitals, the hysterical nature of the trouble presumably not having been recognized. The patient was given static electricity and sent to the Zander room for daily treatment under which she improved. This morning she walked almost naturally, putting both feet down squarely on the ground and bending both knees. The movements of the body have almost ceased.

Dr. Walton said that he had seen the case in the hospital when the symptoms were those of paramyoclonus, that is, bilateral convulsive movements limited to the larger muscles, particularly those of the trunk. He had regarded the trouble as of hysterical origin, and looked on paramyoclonus as generally allied to, if not a symptom of, hysteria.

Dr. Knapp said that Dr. Baldwin's patient occasionally visited the City Hospital and efforts were made to take her into the hospital for educational therapeutics, but the attempt to do so caused loud wails and she remained only a day or two. When last seen she was unable to sit in a chair, and, if placed there, would rotate until she faced the back of the chair, resting on the contracted knee with the back strongly arched backwards. Dr. Knapp thought that no one who saw her there was disposed to make any other diagnosis than hysteria. She bears the scars of a tenotomy under the knee, which was a very striking instance of misplaced surgical interference.

Dr. Courtney also saw the case which Dr. Baldwin had presented, many weeks ago at the Boston City Hospital, and at that time made the same diagnosis as that made by Dr. Walton more recently, namely, paramyoclonus multiplex.

FACIAL ATROPHY.

By Dr. Courtney.

The case is one of that rather rare disease known as idiopathic facial atrophy, and makes the third of the sort that Dr. Courtney had the opportunity of showing before this Society. The patient, a schoolboy of 17,