

kenzie in *Braithwaite's Retrospect* for July last, and before him by Anstie, Reynolds and other writers, has been pushed to intoxicating doses, and, excepting exhilaration, without apparent effect of any nature. This is the most obstinate case of headache in all my experience. During his youth the patient was favored with intervals of relief; but, let me recall his statement, that for sixteen years there has not been a single intermission in the pain which, in short, has now been so long a habit with him that he is quite able to be natural and normal in manner and daily life. He has an irritable and therefore a sensitive heart, otherwise his general functions are undisturbed. His appetite is always good, but he has a look of chronic fatigue.

One thing that should not be forgotten is, that he is a smoker, but smokes moderately. I found that early in the day he was very dependent upon his tobacco, so much so that unless he had previously smoked, he could not deliver a morning lecture without dizziness. For that reason I requested him to delay his first smoke by half-hours until it became noon. The patient, meanwhile, being obliged to fight a battle in which he finally conquered, to his benefit. I cannot believe this a tobacco headache, for it began long before the patient smoked at all, and used to be more intense than it now is. The patient's eyes have been often and carefully examined by able oculists, and every defect corrected by the proper glasses.

He is not in any sense a hypochondriac, and I believe the case to be perfectly honest, so much so, indeed, as to give me the uncomfortable suspicion that this headache is my master—thus far at any rate. It can, however, be said that the pain although persistent, seems to be wearing away, for it is less intense than it formerly was.

One important feature in this case should be mentioned: I have quite recently been led to surmise that mental worry has been an influence in this prolonged headache, for it has become apparent that a decrease in the intensity of the pain has coincided with a gradually increasing relief from the cause of the worry.

The cases I have chosen in illustration of my subject do not seem to belong to the class of merely peripheral neuralgias, and for that reason are the more baffling.

I should have been glad to have quoted largely from writers on nervous affections, but, so far as my experience goes, in the domain of inveterate headache the books are well-nigh useless. I hope, however, to learn something from those who speak on my paper. Something more useful, at all events, than Strümpel's⁷ final remark on headaches which defy every remedy.

He calmly says: "Still the patient has the comfort of knowing that after years and decades, the affection, when old age is reached, not rarely ceases of itself."

A CASE OF ATHETOSIS.¹

BY C. P. PENGRA, M.D., BOSTON.

ATHETOSIS is the name of a disease that was first recognized and named by Dr. W. A. Hammond, of New York, in 1871. It is characterized by an inability to retain the fingers and toes in any position in which they are placed, and by continual motion.

¹ Read before the Section for Clinical Medicine, Pathology, and Hygiene of the Suffolk District Medical Society, May 9, 1888.

⁷ *Specielle Path. u. Therapie.*

Since his first paper in 1871, there have been thirty-eight cases reported from Europe and eight from the United States; and it is this rarity of its occurrence that has induced me to present this case to the Society, with the hope that it may aid in clearing up the obscurity that surrounds its etiology, pathology, treatment and claims as a definite disease.

In all of his writings Dr. W. A. Hammond claims that athetosis is a distinct disease, and, while admitting its analogy to chorea and cerebro-spinal sclerosis, does maintain that it is independent, and can be so diagnosed. In this he is supported by Dreidenberg, in "Vratch," who goes even further, admitting that it is not necessarily a result of hemiplegia, but may even be idiopathic.

Opposed to this view are Putzel,² Sturges,³ Leube,⁴ G. A. Hammond and Birdsall,⁵ and others.

In all cases reported, there has been noted, at some previous period, a history of epilepsy, chorea, hemiplegia, or other cerebral disturbance; while the case of Leube, after having had athetoid movements for four years, actually developed into, and continued as, ordinary severe chorea. The history of the present case is no exception to the rule; and, considering the lesions most often found in post-mortem examinations, it seems that we are forced to believe that athetosis is too intimately allied to chorea, hemichorea, and the like, to merit its claim of being distinct. The lesions found are in the corpus striatum, optic thalamus, or both, and the cortex cerebri, and are the same as occur in the allied troubles. My diagnosis depends upon the facts, that, in this case, the spasms are limited to the right hand only; that they are uniform, slow and quiet; that the muscles contract or extend together, and are firm and tense; that there is no trembling in any position of the hand or body; that the muscles of that arm are well developed; and that there is no scanning in speech. Hysteria is eliminated by the age at which it began and by the present condition of the patient, Mrs. Anna B. Grover, age twenty-two, born in Marshalltown, Pa. Her family history is very good, excepting slight rheumatic attacks in the father's later life, and paralysis agitans in one aunt.

Her own health has been exceptionally good, with the following exceptions received from her father:—

"Anna was healthy, and perfect as could be until about two and one-half years of age, when a servant girl caught her by the arm, and tried to pull her up stairs. A physician was called, and pronounced it a bad sprain. After the usual bandaging, and carrying in a sling for two weeks, it seemed as well as ever. About three months afterwards, having eaten heartily of green Lima beans, pods, etc., in the garden, she was taken at night with violent spasms, purging and vomiting, followed by great prostration, emaciation, unconsciousness, and paralysis of said arm, and also of speech, that continued for three months. During this sickness she was almost continually in motion, even after getting up. Her voice was entirely gone, and the arm now affected was useless. Many different doctors and treatments were employed. The voice gradually returned, and the arm improved. At first the hand was strongly contracted and painful. The arm was carried behind her back, through shame, till about the thirteenth year, which produced a lateral

² *Op. Functions Nervous Diseases.*

³ *Lancet*, March 15, 1879.

⁴ *Deutsch. Arch. für Klin. Med.* p. 242, 1880.

⁵ *New York Academy of Medicine (Neurol.)*, October 8, 1886.

curvature, for which a brace was worn eighteen months. All improvement has been from the shoulder towards the hand. Electricity seems to have done the most good."

Present Condition. — Her general health is of the best, since the foregoing. "The hand," as she calls it, is not at all painful: there is no movement at night, or unless her attention is called to it, or she is excited. A decided effort of the will has only the slightest effect upon its movements. At times it contracts powerfully enough to tear a glove: to open it, she must use her left hand, and forcibly extend the fingers to their utmost. When left alone, the contracted fingers will return to normal in from two to five minutes.

In most of the reported cases the movements have been most marked in the thumb and little finger. In her case the thumb and first finger are most affected. The first finger is often forcibly extended, while the others are as strongly contracted. The hand is of little use, as there is no telling when it will take hold or let go. At present she is under no treatment, and is impressed that it is slowly improving.

In all cases the most improvement has been from electricity; and, contrary to theory, the faradic current has proved the more useful. No cure has been reported; and, while the trouble is regarded as incurable, it has never been known to prove fatal.

Reports of Societies.

MASSACHUSETTS MEDICAL SOCIETY. SUFFOLK DISTRICT. SECTION FOR CLINICAL MEDICINE, PATHOLOGY AND HYGIENE.¹

ALBERT N. BLODGETT, M.D., SECRETARY.

DR. C. P. PENGRA presented

A CASE OF ATHETOSIS.²

DR. J. J. PUTNAM asked: Are the reflexes of the lower extremity altered?

DR. PENGRA: Not at all. There seems to have been no trouble with any part of the body except the arm and the vocal organs. The lima beans were regarded as a poison by her parents, but from her history she undoubtedly had an attack of gastro-enteritis.

DR. PUTNAM: Are the muscles of the right arm hypertrophied?

DR. PENGRA: There is no enlargement that I know. The muscles seem stronger. They are set and tense.

DR. HAMILTON OSGOOD: What is the condition of the hand in the night?

DR. PENGRA: Quiet. She has never had a contraction in the night. There was a time, a considerable time ago, when she had slight contractions, I believe, but at no time has she had contractions since she has known anything about it.

DR. PUTNAM: I would like to say only a few words about the case; it is an interesting one. I suppose that it is very difficult, almost impossible, to draw any sharp dividing line between these disorders of movement. Dr. Gowers wrote, so far as I know, the most satisfactory paper on the subject a few years ago, and showed how one could trace gradual degrees of difference in these cases through the whole scale

from the typical athetosis even, he thought, as far as the late rigidity of hemiplegia; but without going so far as that, it seems very certain that there is only a sliding scale between the typical cases of athetosis and what has been known under the name of post-hemiplegic chorea; the difference consisting partly in the character of the movements, and partly in the fact of the greater or less amount of paralysis associated with them.

I was rather surprised to hear the Doctor say that so few cases have been reported, for I should not say that it is very rare to find cases that are as typical as this case. I would not speak of this as an absolutely typical case, because, as a rule, the movements would not stop in the typical cases when the patient was holding the arm at rest with the hand supported with the other hand, as at present; and then the movements are usually much more varied in character, involving extension quite as much as flexion so that the fingers are thrown about in a worm-like action all the time, while here the flexion predominates, and the flexor spasm is certainly much more marked, I should say, than in typical cases of this disease. However, I do not see how it can come in any other category than that of one of the involuntary disorders of motion of that type.

DR. PENGRA: In regard to the number of cases, I referred merely to the number of cases recorded. I have no doubt that there are plenty of cases, as we are quite aware, in most any line of disease, that, while not being recorded, have existed. We must realize that only in 1871 the disease was recognized as such. From the literature that I can read — of course my experience has not been sufficient to warrant my statement — but, from what I can read I am inclined to think that athetosis is an organic disease. I think I so stated in my paper. The disease I do not think I stated as a typical one, from the peculiarity of the motion.

The definition that Hammond gives is "a disease characterized by an inability to control the fingers or toes, and a continual motion." And in his reports of the cases, and he is the father of the disease, you might say, so far as the diagnosis is concerned — in the reports of his own cases there has been such a marked remission that almost the first thing that I thought of in connection with the definition, was the superfluousness of the word, "continual." During the greater part of the time that my patient was suffering from the trouble, and the paralysis, which seemed to have been the precursor of the disease, she was in constant motion that included a large portion of the body, I believe mostly on the right side, but the paralysis was limited to the right arm. The motions of the arm did include movements toward the back to such an extent that she finally put it on the back and left it there.

I do not think I referred to the case as being exactly typical; so far as I can see there is no typical athetosis.

My statement suggested as strongly as I could state from my knowledge of the cases, that it is an organic cerebral disease. The statement of Dreidenberg is the one statement that counteracts all others so far as it goes, to the effect that it may be idiopathic, but his own case does not sustain that, inasmuch as one of his cases were preceded by hydrocephalus and another case by epilepsy; and as to the

¹ Concluded from page 63.

² See page 80 of the Journal.