

of the left hemiparesis, with increase in the reflexes on the affected side, bespoke invasion of the motor tract on the right side. The absence of convulsions, of perturbation of consciousness, of sensory disturbance, of astereognosis, of mental derangement, pointed to freedom of the cerebral cortex, while the absence of changes in the eyegrounds and of palsy of ocular muscles and the escape of other cranial nerves indicated that the lesion must have been one of small dimensions. The afebrile course of the illness seemed to exclude an inflammatory process. The results of treatment raised the question of a possible syphilitic infection, while drowsiness pointed in the direction of meningitis or arterial disease.

A CASE OF HYSTERIA PRESENTING SYMPTOMS OF CEREBELLAR DISEASE.

By Dr. A. A. Eshner.

The patient was a tailor, 42 years old, who had difficulty in walking after the removal of several teeth, in conjunction also with fright from having remained alone for a short time in a house in which a close friend had died. The man walked like a drunken person, with a tendency to fall to the right. The right chest felt as if grasped in a vise, and there was pain on the right side of the head. There was tinnitus in the right ear, with impairment of hearing. Sensibility was less acute on the entire right side of the body than on the left. The visual apparatus was normal, and there was no lesion of the fundus. There was no sign of inflammatory disturbances in either ear. The muscular apparatus was normal. A laxative containing aloin, cascara, and asafetida was prescribed and hypnotic suggestion was practised, and recovery ensued in the course of three weeks. The disorder of gait, in conjunction with the feeling of unilateral weakness, suggested the existence of cerebellar disease, and the tinnitus and impaired hearing an aural origin. The suspicion of hysteria was strengthened by the absence of organic disease and it was established by the results of treatment.

Dr. W. G. Spiller said that the absence of early changes in the eyegrounds in the case with cerebellar symptoms should make one very cautious in diagnosing tumor of the cerebellum. Among the earliest signs of cerebellar tumor is choked disc. Tumor in the motor region may exist a long time without any change in the eyegrounds, but a tumor in the basal ganglia, the pons, or the cerebellum is likely to cause early choked discs. Dr. Spiller stated that he had had two cases within the past few years which simulated tumor of the brain very closely. He was called to see a young woman about three years ago who had intense ataxia, violent headache, vertigo and other symptoms of brain disease. The symptom-complex, after careful study, seemed like hysteria, therefore she was placed in a private room at the University Hospital with a trained nurse, and under treatment by suggestion all the very grave symptoms of brain tumor disappeared in a few weeks, and the woman became perfectly well. The notes of this case had been given to Dr. Weisenburg and had been reported by him.

Last summer Dr. Spiller had a patient brought to him from a distance who was said to have symptoms of brain tumor, viz., optic neuritis, convulsions on the right side, weakness on the right side, and complete blindness in the left eye, and sensory disturbances which aroused his suspicions of hysteria. She had the history of having been struck on the left side of the head by a piece of iron which had fallen some distance. The

physician who brought her stated he had operated and found the bone of the skull exceedingly thick, he had cut through the dura and the parts seemed to him abnormal. It was possibly a case of hysteria added to organic disease. Dr. A. C. Wood operated and found the bone exceedingly hard and three-fourths of an inch thick over the parietal region.

Dr. Shumway had examined the eyes previously and had found no evidence of neuritis. Immediately after the operation the blindness of the left eye and hemianesthesia disappeared, and the patient improved rapidly and got almost entirely well. The brain was found protruding very slightly through the dura. Extreme care must be taken in diagnosing such cases. Dr. Spiller said he had been called to a case within the past few **days in which it was almost impossible to decide how much was hysteria and how much was organic**, the man having been in a trolley car accident. He had symptoms which were largely hysterical, and yet probably some of his symptoms were due to an organic lesion.

A case in which the symptoms of Paralysis Agitans developed in the unparalyzed side of a hemiplegic.—By Dr. Joseph Sailer. (See this journal, page 425.)

Dr. Spiller said that the question of the effect of hemiplegia on tremor which Dr. Sailer brought up was one of importance. It interested him some years ago very greatly, and he studied at that time the literature on the subject. Paralysis agitans is not uncommonly unilateral. A case of this character is at present in the Philadelphia General Hospital. The effect of paralysis on tremor has been observed sufficiently often to show that a relation exists. Dr. Spiller said that in a case of malaria of the nervous system he had reported which had been under the care of Dr. Dereum, the tremor was exactly like the intentional tremor of disseminated sclerosis, and was only on one side. The malarial parasites were found in the blood vessels of the brain and spinal cord, and it was hard to understand how an irritation so general could produce a strictly unilateral tremor. One of the pyramidal tracts was slightly degenerated. Dr. Spiller explained the condition on the supposition that the slight degeneration of the pyramidal tract prevented the impulses caused by irritation from passing downward on the degenerated side to the degree that they did on the normal side and therefore these abnormal movements occurred on one side only. On looking up the literature he found that Dr. Sinkler had reported a case of disseminated sclerosis in which hemiplegia caused cessation of tremor on the paralyzed side. Mannaberg had reported a case in which there was hemiplegia and the patient had tremor during a malaria chill only on the non-paralyzed side.

Dr. T. H. Weisenburg said that some years ago in a clinical study of hemiplegia, he had examined 300 cases for skin eruptions. In those in which there was a general skin eruption, it was remarked that this was limited to the unparalyzed side. In one patient who had been paralyzed for many years, the patient himself remarked that he would tan only on the healthy side, and that the other would look paler than it should. Dr. Weisenburg had also observed that in many cases of peripheral facial palsy hardly any eruptions would occur on the paralyzed side in cases where acne was common. All of these observations seem to point to the fact that the patients are not as well nourished on the paralyzed side as they are in the other side, and in spite of this when any general skin disease appears, the par-

alyzed portions of the body seem to escape. This is rather a curious conclusion and opposite to what we should expect.

Dr. Sailer agreed that the point brought forward by Dr. Spiller was similar to the one that he had suggested for his case. He believes that paralysis agitans is a diffuse disease affecting all the superior neurones, not necessarily equally, and perhaps at first those on one side more than those on the other. In nearly all recorded cases in which disturbing factors have been absent, ultimately the disease has become general, and there appears to be no record of a case without at least bilateral rigidity. In the case reported he believed that he had not sufficiently emphasized the fact that the residual symptoms of the hemiplegia on the left side were exceedingly slight. Practically the only symptom was slight difficulty in carrying out complicated movements with the right arm.

A CASE OF APPERCEPTION.

By Dr. W. W. Hawke.

Apperception may be defined as sense-perception (of objective things) as influenced by subjective factors, especially by attention, association and memory. One reason for the title of the paper is that the case here presented shows phenomena regarding which there is room for question as to whether the hallucinations are of the real or pseudo type.

The patient is a single woman twenty-four years of age, born in Boston of Irish parents. Family history shows no evidence of mental or nervous disease in near or distant relatives. Patient started school at five years and completed grammar school at sixteen, then left school to go to work. Was employed in a mill for some years, but gave up her position last September on account of slackness of work, because she was less in need of employment than some of her companions. A week later she left home without notice to her relatives and came to Philadelphia, attracted to this city by newspaper accounts of the progress along educational lines, the ability of the surgeons, and especially the work of the Society to Protect Children from Cruelty. On reaching the city she secured domestic employment, but could not get along with her mistress, and after two weeks gave up the position. She felt helpless and confused, and went to the rooms of the Society to Protect Children from Cruelty to ask advice. She was referred to the Organized Charities of Philadelphia, and was sent to the Philadelphia Hospital. After her admission she worried because she was unable to pay for prolonged treatment, and worried also about the condition of the patients, feeling it to be her duty to help them as much as possible, and depressed because there was so little that she could do.

Patient stated that she had always been extremely fond of reading, and that she seemed to see the historical and fictitious characters about whom she had read, and to hear their voices. She dreamed as much during the day as at night, and heard voices of all those amongst whom she had been, especially if they were complaining in any way. It was a sort of repetition, and she heard them most when she was farthest away from them. She could also hear historical persons telling her what they had suffered. Stated that she had heard these voices for some years, usually at night, but sometimes in the day. When asked whether it was real or imaginary she replied, "It is real to me; I see it with my variations, I suppose someone else sees it with other variations." The vividness of her mental pictures, as she described them, seemed at first to indicate that