

fectly tranquil during sleep, as she always is; since awake has only had a few noddings, and after motion, sudden noise, &c. At 6½ p. m., they seemed to increase, and a draught was taken; neck and upper part of spine to be well rubbed with the linim. ammoniæ et opii. Has hitherto taken very little nourishment, and now expressed a wish for salt food and a little wine, which were allowed.

16TH.—Had slept pretty well; bowels moved once, and was tranquil till about 11½ a. m., when one of the most violent paroxysms commenced, but was checked *in limine* by the draught R ol Ricini, ol Terebinth aa. 3vj. m. This only caused vomiting. Only marks of spasms, were occasional quivers till 11 p. m., when there was a paroxysm as bad as that of the morning. The draught was given, and followed by the usual effect.

17TH.—At different periods had partial contractions, and twice feared they would increase; but thwarted them by the medicine. At night she looked unusually dejected; stated she had not slept since the morning of the 16th, but had neither head-ache nor pain; an hypnotic was added to the antispasmodic, after drinking which she had a long and refreshing sleep.

18TH, 12 A.M.—There has not been further involuntary movement of the head and neck; feels better, but weak and dull; bowels not been opened since 16th; no appetite; tongue clean; R Ext. Rhei., Pil Hydrarg. aa, gr. v. Pulv aloes gr. iij, P. capsici, gr j, ft. pil vj, ij, om 3h. 6 p. m. A slight tremor, and a draught was taken.

19TH.—Slight tremors, one which disappeared after a draught.

21ST.—No indications of spasms since; appetite returning, spirits good, feels weak, but otherwise "has not been so well since last summer." Measures calculated to invigorate the nervous system were recommended to be adopted and continued some time.

23RD.—Easter Sunday, quite well; went to church.

In the ensuing June I attended her, for the first return of the spasms since the 19th April; indications of them existed three days, and were accompanied by globus hystericus and neuralgia of the left side; but further than this, there was no difference between the attacks. The treatment was confined to the antispasmodic draught when necessary, and the croton oil pill once. The restorative measures formerly recommended were not perseveringly used. She did not menstruate in May, but did in June; some days after the spasms disappeared.

From that time to this, March 1850, she has not been my patient; but I am informed that now and then she has had involuntary movements of the head and neck,

after unaccustomed excitement; but they are usually milder, and never exceed the types described in the earliest part of their history.

OBSERVATIONS.—Involuntary movements of the head and neck are exceedingly curious phenomena, and possess great interest from their rarity. They occur in various directions, and are usually associated with, or interrupted by, movements of other parts, there very seldom being a movement of the head and neck directly forwards and downwards, which exists per se. Even in the few examples of this kind that are recorded, there is only an identity of external features, beyond which there are such dissimilarities as to warrant their reduction to the heads of chronic chorea, paralysis agitans and salaam convulsions. These differ from the present case, by several particulars, of which the following are the most leading, and sufficiently powerful, to stamp it with novelty:—

Thus the cases of chronic chorea, familiarly known as "shakes of the head," vide Watson, et al., and of paralysis agitans, in which the head only is disturbed—vide Elliotson, et al.

A. Last for years, or end only with life.

B. Of an unvarying character, neither subject to remission nor to intermissions.

C. Not accompanied by any derangement of the general health.

D. Not benefited by treatment.

Salaam convulsions of Sir C. Clarke, et al.—Eclampsia Nutans of Newnham:—

A. Begin in infancy, and are diseases of childhood.

B. Exist for years, unrelieved by treatment.

C. As a rule end in idiocy, paralysis or death.

The movements are remarkable in all these, for their repetition in an unvarying way and in this case, also, for their recurrence in such regular times and rates as to admit of classification, a circumstance which associates it with the cases which have been termed by Dr. Pagel of Cambridge, "Morbid rythmical movements," and collected from the practice of himself, Sir Charles Bell, Dr. Conolly and others, some of which had been considered by Laycock as "Anomalous phenomena of hysteria." With these I enroll this case, not because it is the representation of any of them, for among them there is no example of the head and neck being solely affected in a vertical direction; but because it was that of a young female, with disordered menstruation, who had had hysterical symptoms, but never had any evidence of organic lesion, and because it was relieved by hysterical remedies, effected by pschical influence, and unattended by closure of the larynx.