

struate at 11. Periods have always been regular but sometimes painful and accompanied by emesis. Patient says that just before the onset she has pains in the right lower part of the abdomen. Has had only four periods since last May. Thinks the first delay was due to catching cold.

E. NERVOUS:—(1) Fine involuntary tremor of fingers. (2) Generalized muscular tremors, especially hands and angles of the mouth, even when alone, she says. (3) Muscular, touch, pain and thermal sensations normal at present. (4) Subjective sensations—Nervousness, irritability, depression, fits of crying and slight insomnia. (5) Cranial nerves.

I., II., III., IV., V., VI., VII., IX., XI., XII., normal. VIII., R. normal; L., apparently nerve deafness. X., tachycardia.

(6) Reflexes—Normal beyond slight exaggeration of knee jerks. Babinski's sign and ankle clonus absent. (7) No globus hystericus, clonus, alteration in speech or mental deterioration. (8) No attacks of true tetany. The electrical excitability not tested.

F. CUTANEOUS.—Small pigmented patch 1-3x1-2 inch area below ramus of R. lower jaw. No leucoderma, pruritus or patches of edema; marked dermatographia. See description of erythema under A section.

G. GLANDULAR.—No lymphatic enlargement; liver and spleen normal; thyroid not palpable. Slight muffling of percussion note over manubrium sterni. (Note possibility of persistence of the thymus gland or an abnormally placed thyroid.)

H. SPECIAL ORGANS.—I. *Eye*.—No abnormalities of optic nerve or external muscles of globe. R. eyelid at times shows slight ptosis. Graefe's, Stellwag's, Joffray's and Moebius's signs absent. Slight prominence of both eyeballs. Pupils equal and moderately contracted. No hippus. No nystagnus. Vision good at present. When 13, had difficulty in reading; wore glasses for two years, with good results. No edema of the eyelids. Complains of stiffening of the lids during attacks.

II. *Ear*.—Absolute deafness, apparently in L. ear, two years' standing. No definite history of otitis. Said to have had an attack of neuralgia when in T. G. H. Otherwise normal.

From the facts elicited in the history which I have just read, we recognize, on the one hand, a decided neurotic tendency, with conspicuous physical tendencies, a curious symptom-complex, embracing both neurasthenic and hysterical manifestations, as evidenced especially in the vasomotor disturbances, hemi-