

(b) *Somatic*: A peculiar feeling in the head, of the nature of a severe headache, is her chief symptom.

Her heart also troubles her greatly; sometimes it is a dull pain, sometimes a sensation of pressure over the heart, and sometimes palpitation troubles her, or at times the sensation is so oppressive that she feels she cannot breathe or speak. She complains of a sharp pain in left wrist and at times a numbness and weakness of the whole of the left lower arm, so that she cannot use it. Hands and feet are continually feeling cold, and sometimes have a clammy sweat on them. Complains also of a choking sensation in throat which is worse at night, or when she swallows. Sometimes has burning sensation in eyes.

II. *Objective.*

General. Patient appears to be in a state of great nervous irritability and distress. On the slightest provocation in the shape of a slight noise or new sight (as of a person coming into room) she startles and her whole body jerks and trembles, but especially the muscles of her right side. A light touch will cause a similar spasm. She turns her head from one side to the other in a distressed fashion, and is evidently in a very emotional state of mind. She says that she feels very sick and cries at the slightest sympathy shown her. On being spoken to and encouraged, she brightens up somewhat and can answer questions intelligently. Her cerebration is active.

I will not detain you with details of the physical examination, which presented nothing definite. Soon after her admission the ward note reads as follows:

Dec. 1st, 1907. Patient passed a bad night. Had visions of people walking about her bed, and trying to harm her. This morning she is excited and very unwell; at times she tries to get out of bed, saying that people are chasing her. Her head troubles her greatly and she has been very nauseated all morning.

This afternoon patient lost all control of herself, began moaning and crying out. She became quite unmanageable and *unconscious* of almost everything about her. She endeavored to leave her bed, but was unable to walk. Clonic spasms present over entire body. Her eyes were kept almost closed. She threw her head from side to side in hysterical fashion.

As several of the symptoms indicated a cerebral neoplasm, I examined her optic discs, but could not discover any evidence of neuritis. While this was important negative evidence, it was not sufficient to exclude a new growth. I then had the visual fields examined with a perimeter and the result at once removed any doubt in regard to the diagnosis, excluded a brain tumor, and afforded incontrovertible evidence that the patient was