

INFANTILE HEAD NODDING AND ROTARY SPASM.

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This condition was described by Henoch many years ago and since his time cases have been reported by Hadden, Peterson and others. In the *Lancet*, June 14, 1890, Hadden takes up the phenomenon at some length, citing five cases, typifying variations with sufficient constancy to warrant sub-classes. His general title is: "Head Nodding and Head Jerking in Children, Commonly Associated with Nystagmus."

The condition is characterized by nodding or lateral movements of the head, singly or associated with one another or with movements of rotation. The rotary spasm is the most frequent. The oscillations may be slow or rapid, and at times almost continuous. An interesting feature is the fact that these movements all cease during sleep and when the child is lying down. There may or may not be an associated nystagmus; it may affect one or both eyes; it may accompany, precede, or follow the head movements, is more rapid than the oscillations of the head, and has its own independent rhythm. Convergent strabismus may characterize a few cases.

The etiology is extremely obscure. As its occurrence is usually between the ages of 3 and 18 months, it has been ascribed to dentition. It has been confused with a form of epilepsy—eclampsia nutans or salaam convulsion—but in these cases there is disordered or transitory loss of consciousness and such cases usually develop into the ordinary form of epilepsy. Osler speaks of the nodding spasm under conditions involving the spinal accessory, as it is the muscles innervated by this nerve which are chiefly affected. It is thought by some authors to be a habit spasm. In three of Hadden's cases the condition followed head injuries, and some of the obscure cases of nystagmus, he believes, come under this category of nodding spasm. The condition lasts several months, and while recovery is the rule, it is apparently uninfluenced by drugs, except that some cases seem to improve under the bromids.

History.—Female, aged 6 months, breast fed, and giving no history of head injury or of sickness. There were no heredity taints of significance. The mother was much alarmed over the sudden development of the head spasms which occurred at intervals from three to five minutes, the excursions being widely to the left and in an upward direction. The spasm consisted of a combined nodding and rotary movement. An upward rolling of the eye balls with vertical nystagmus, together with muscular twitching of the lids, ushered in and accompanied each spasm. The spasm lasted about a minute. These manifestations ceased during sleep and when the child was lying down. Aside from somewhat exaggerated restlessness, the infant presented nothing unusual; she was well nourished and in every way presented a healthy appearance.

Treatment.—The condition remained unchanged for two weeks under small doses of Fowler's solution. No choreic movements were noticeable. Potassium bromid was then added to the treatment and the spasms became less frequent and pronounced after the third week, and now, after two months, the mother states that they are no longer noticeable.

The Telephone in Medicine.—The danger of prescribing by telephone should be borne in mind by every physician. It would be better if no prescription were ever given by telephone, and advice thus given should be of a harmless character and incapable of being misunderstood.—*Central States Medical Monitor.*

A CASE OF SECONDARY HYPERNEPHROMA OF THE IRIS AND CILIARY BODY.*

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The man whose history is here detailed came under my observation first in the wards of the Germantown Hospital on Oct. 11, 1905. He had had hemorrhoids, and Dr. C. A. Whiting had operated recently for the removal of them. The house surgeon, Dr. Markle, called my attention to the man because of there being, as he supposed, a growth in the left eye.

At the time I made my examination the patient was in what he deemed his usual good health and suffered only from his rectal disease. In the month past he had been annoyed by obscuration of his sight, especially of the left eye, though that eye was neither painful nor tender. I discovered on his body, beneath the skin, over the region of the costochondral junctions on the thorax, several nodular enlargements. These masses were movable and reminded me of the enlargements of the cervical glands common in constitutional syphilis. In the left groin there was a large bubo.

Arising from the middle pillar of the iris of the left eye, and on the horizontal meridian, was a spherical tumor, mottled gray in color and approximately 4 mm. in diameter. No signs of inflammation were present. On the nasal side of the globe were several leashes of dilated blood vessels which were arranged triangularly with the base at the limbus. The tumor was flattened against the posterior membrane of the clear cornea.

The iris presented no other abnormality. The pupil was round, about 4 mm. in diameter and changed freely to various stimuli. By oblique illumination no defects in the lens were noticed. The anterior chamber was of the depth of that of the fellow eye; the tension being only slightly raised above that of the right. No tenderness was elicited. The right eye presented no anomaly. Vision of the right equaled 6/6, of the left 6/30, Snellen. The iris contracted when a solution of atropin was instilled, and the pupil was broken by the projection of the mass into the pupillary space.

The tumor appeared to rise from the radiating muscular fibers. There was but slight protrusion backward, the base therefore was buried in the pigment layers of the iris; the anterior surface was flattened against the endothelial membrane of the cornea. It was globular in outline though somewhat nodular in conformation and was attached to the iris by a short broad pedicle. It resembled the small granulomata frequently seen in the conjunctiva at the apex of the socket remaining after an enucleation. The tumor was highly vascular, the fine loops giving a pink stippling to the grayish-yellow color of the denser portions. The lens was clear; the vitreous had begun to disorganize, for there were large floating masses in it, while more deeply situated was the semblance of "brick dust" deposit. The optic disk was round; its upper border whole, while about the lower was a wide, sharply-cut conus.

This conus I conceived to have been formed by an axial distension rather than to have been a part of a general inflammation of the choroid that was present in other parts of the fundus, and because the refraction of the eye was measured by a minus 4 D lens. The choroiditis was of comparatively recent origin. The macular region was not affected. The retinal epithelium was markedly absorbed; the outlines of the tortuous vessels were blurred, but no hemorrhages were noted.

The patient, aged 40, stated that shortly before admission to the hospital his attention had been called to the presence of a small lump in his eye. This lump, he was cer-

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