fornia, his engine collided with that of another train, and he was thrown violently to the ground, falling on the top of his head. He was quite unconscious for ten weeks. He received a scalp wound on the top of the head, at which point there can now be felt a distinct depression. On returning to consciousness he found his head done up in a kind of harness, which he soon after ascertained was intended to prevent an involuntary lateral and continuous motion of the head. He was treated in California and in various cities throughout the United States. He states that all kinds of treatment have been employed, such as blisters, actual cautery, electricity, trained exercise, &c., and endless medication, with no relief to the movements. *Present condition*—Is somewhat emaciated; very tall (6 feet 3 inches), and of light build, and appears very intelligent, speaking of his affection and the various methods of treatment in a humorous strain. There is a continuous rotation of his head from side to side—very regular when quiet, but increasing in frequency when he attempts to speak or perform any act, and ceases during sleep. When quiet the movements are 103 times per minute. Frequently complains of pain over region of left temple; has occasionally a slight discharge from left ear; for some time after the accident this was continuous. Is usually very restless during sleep, talking much and tossing about. Walks well, except when he has attacks of what, from his description, appears to be vertigo, accompanied with double vision; says sometimes single objects appear as if there were four. When one of these attacks occur, he usually has three or four in succession, occurring daily or every other day, thus a month or two might elapse before again experiencing any. They usually come on suddenly while walking, when he is unable to guide himself, and has frequently been locked up, his condition being mistaken for drunkenness. There are no symptoms of paralysis, as loss of sensation. From the symptoms of this case, have looked upon it as one of local paralysis agitans, possibly symptomatic.

Dr. Ross referred to the article in Ziemssen's Encyclopædia on cases of clonic spasm. The writer there says that cases similar to this one of Dr. McConnell's are generally produced by blows on the back of the neck or head; the operation recommended being to divide the spinal accessory nerve or excise a portion. The prognosis is bad.

Dr. TRENHOLME did not think it ought to be called paralysis agitans, and would suggest trephining over the depression.

Dr. FOLEY had seen nerve-stretching performed for a similar condition.

Dr. OSLER said the symptoms were not unlike those seen after removal of the vertical semicircular canals in pigeons.

In reply to Dr. Trenholme, DR. MCCONNELL said. If not paralysis agitans, what is it? According to the classification of the narration of the disease by Sanders in Reynold's System of Medicine, I certainly think it must come under that title. In regard to the suggestion made of trephining the skull at the point where the depression exists with a view of curing the case, I think that result would hardly be attained. The movement is produced by alternate contractions of the sterno-cleido mastoid muscles, thus indicating some implication of the nervous structures at the origin of the spinal accessorius. I therefore think it a question whether treating the surface of the brain would have much effect on an apparently localized lesion in the upper end of the cord. In reply to Dr. Osler that it would be better classed as a case of multiple sclerosis, I may say that the fact of the affection occurring in one at his age, and being confined to the head, would favor that view; but, on the other hand, the definite movements occurring during rest, as well as during voluntary movements and the fact that no paralysis exists as yet, although the tremor has lasted now a year and a half, are points which are generally supposed never to obtain in multiple sclerosis.

Stated Meeting, March 14, 1884.

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

A groom sent by DR. GURD was exhibited to shew what appeared to be a clear case of accidental inoculation of horse-pock in the human subject. A dark-colored scab, depressed in the centre, was to be seen a little below the outer corner of the left eye and the parts about were red and swollen. One of the horses which he had the care of was suffering from horse pock, so prevalent in the city lately.

Dr. PROUDFOOT shewed a specimen of epithelioma of the lower eyelid removed by him a few days ago.