

legs, and became completely paraplegic. Dr. Lockwood and Dr. Tiffany, for the time, expected her death any day or hour, but she gradually improved, went to the country, and about four months ago she walked from Union Station to my office. She has some secondary nodules, a stiff back, and has to take a certain amount of morphia, but she is able to be about, and attends card parties and other entertainments for her enjoyment.

Now, these are cases for which you could not do better with treatment by Christian Science, or at St. Ann's, or Lourdes.

DISCUSSION.

Dr. Thayer: The case of paraplegia dolorosa to which Dr. Osler referred was a very interesting one. I first saw her about a year after the operation. She had been much relieved for six months, and then began to have a variety of very distressing nervous symptoms. At first the chief complaint was pain that she could not localize. She would say that she was suffering intensely, but she could not put her hand on the painful area. Her pains were relieved by different simple remedies, such as the coal tar products or codea, and then, all of a sudden, her pains would disappear and she would complain of vague symptoms of unrest, and would walk the floor for hours without any apparent reason. She went through the whole line of hysterical symptoms, and though we suspected that it might be due to a recurrence of the carcinoma we could not be sure of it, and her symptoms made us refuse to give morphia and to put her on the rest cure. She went to Philadelphia for a month or so, without any benefit, and while there her pains became worse, and they began to use small doses of morphia. Later in the Fall, though her pains were much more marked, there was no evidence of a recurrence of the growth, and it has only become evident within the last month or so. The case simply shows how very unpleasant such cases may be for the patient and how difficult it is to decide whether or not to give morphia, or to separate them from their family and friends for rest treatment.

Dr. Jacobs: With reference to cerebral metastasis, I had the pleasure last Summer of seeing a very beautiful specimen exhibited and explained by Dr. Collier, of London. It was a cancer of the brain secondary to cancer of the breast.

With regard to the cases Dr. Osler referred to last, those that apparently recover to a certain extent, a case that has been under my notice for the last two or three years may be of interest. The patient, a friend of mine, was operated upon about two years ago by Dr. Richardson, of Boston, for cancer of the breast. It was an extensive operation, and before the wound healed the patient was complaining of the most intense