

disease at the same time, renders it necessary to remove both; and I would go so far as to say that, when one has been removed, it is generally best to remove the other one also, even if it be found at the time of operation to be apparently healthy, as the probability is that it would sooner or later become affected in the same way as its fellow.

There are some cases which have been classified as pelvic cellulitis, or pelvic abscess, which I feel sure would, if their exact relations could be made out, come under the head of pyosalpinx, or pus so contained that it could be removed, and the operative treatment in such cases is gradually throwing a considerable amount of light on pelvic suppuration, so that many hitherto incurable cases may be cured. It does seem to me to be very important that we should recognize the serious position in which patients are placed who are having from time to time recurrent attacks of pelvic inflammation.

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## Society Proceedings.

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### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, February 29, 1884.*

WM. OSLER, M.D., 2ND VICE-PRESIDENT, IN THE CHAIR.

*Unilateral Hyperidrosis and Tabes Dorsalis in a Female.*—Dr. REED read the notes of this case.

Dr. HY. HOWARD said that unilateral hyperidrosis is by no means uncommon in cases of mania in the chronic stage, particularly where there is partial sensory and motor paralysis. It is just what we should look for in these cases, if we bear in mind the experiments of Dr. Isaac Ott, from which he drew the following conclusions:—1, That the sensory fibres decussate in part in the spinal cord; 2, That the vaso-motor fibres also do; 3, That the sudorific fibres follow the vaso-motor and decussate; 4, That vaso-motors run in the lateral columns. Now, seeing that in nearly all cases of mania, particularly in the chronic stage, there is found some abnormal state of the different nerves, producing low temperature, etc., it is but natural that we should find hyperidrosis in these cases; but in the case brought under our notice

by Dr. Reed, as yet there has been no pathological psychosis. But with the hyperidrosis, there is absence of patellary reflex, showing some abnormal or degenerate state of sensory or motor tracts in the cords, with enlarged and fixed pupil, showing a partial paralyzed state of the ciliary nerves. With these symptoms, I should say that there was some abnormal state of the spinal cord, or of the vaso-motor, sudorific and sensory nerves in their course along the sides of the cord, which time will more fully develop.

Dr. OSLER had seen two cases of unilateral hyperidrosis during the past two years, one of which was in a patient suffering from caries of the cervical vertebræ.

Dr. Reed remarked that he, with Dr. R. P. Howard, was treating another case of tabes in a female.

#### PATHOLOGICAL SPECIMENS.

*Actinomykosis.*—Dr. OSLER exhibited the jaw of a cow attacked by the above disease, often called "big-jaw," or osteo sarcosis, and due to a fungus, slides of which were also shown. The yellow color in the centre of the nodular masses was well seen. Dr. OSLER said that this disease was fairly common in Europe and America, and has been known for a long time under a variety of names, such as tubercular stomatitis, scirrhus tongue, scrofula, etc. The tongue, lips and mucous membrane of the nose are often attacked. Actinomykosis is fatal unless removed with the knife. This disease is seen in horse and swine, and even in man, twenty cases being reported, all in Germany. In man multiple abscesses are generally produced throughout the whole body, a fatal issue always following.

*Lack of Development in an Infant.*—Dr. TRIM HOLME exhibited the above, which was born at full time in the Western Hospital. There was entire absence of the genital organs and pelvic bones. The abdominal wall was formed by the posterior wall of the bladder, on each side of which the ureters opened. The anus was covered with integument. The child lived four or five days.

*Local Paralysis Agitans.*—Dr. MCCONNELL exhibited this patient and read the following history:—Fred. R., aged 34, was born in Cambridge, England. Since 20 years of age, has been occupied as a railway engineer. Has always enjoyed good health, and he is not aware of any member of his family having suffered from any nervous affection. On the 20th August, 1882, at Sacramento, Cali-