

the cut kidney is sometimes very great, although it is not always possible to avoid making an incision into it in cases of large or branched calculi. If the ureter be pervious, the careful suturing of the opening in the kidney or the pelvis, and the early removal of the tube will go a long way towards preventing the occurrence of a urinary fistula.

CUTANEOUS AFFECTIONS OBSERVED IN HYSTERICAL PATIENTS.

Dr. Graham Chambers of Toronto, read this paper at the meeting of the Ontario Medical Association. In hysteria there may be motor, vasomotor, sensory, trophic, or secretory disturbances. The skin, on account of its exposed position, offers a good means of studying these changes in function.

The cutaneous affections seen in hysteria, and due to the mental condition and functional disturbances of this disease are classified thus: 1, feigned eruptions; 2, sensory neuroses, as hyperaesthesia, dermatalgia, pruritus, paræsthesia, and anæsthesia; 3, vasomotor neuroses, as anaemias, asphyxia (Renaud's disease), gangrene, erythemas, urticaria, oedemas, purpura; 4, secretory neuroses, as hyperhydrosis, anhyrosis, haematohydrosis, uridrosis; 5, trophoneuroses, namely, alopecia, atrophy and dystrophy of the nails; 6, motor neuroses, such as cutis anserina, etc.

In feigned eruptions the disease is of artificial origin to excite sympathy or avoid work. All forms of lesions that are possible to produce by the application of pigments or irritants to the skin have been observed. These are usually pigmented or erythematous patches, vesicles, blebs, or ulcers. Vesicular, bullous and ulcerative eruptions are usually situated on the trunk and extremities. They can generally be detected because they do not conform to any known disease of the skin. They are either asymmetrical or too symmetrical.

The vasomotor disturbances met with among hysterical patients are numerous and important. The lesion must be one which can be produced by functional disturbance, and all other causes than hysteria must be excluded. Among the anaemias may be mentioned the so-called dead fingers. The affected parts become white and numb, and in a short time resume their normal color. The condition is caused by a spasm of the arterioles and capillaries. In some instances the anaemic areas are not limited to the fingers, but may appear on the back of the hands, the face, etc. The white areas may be quite large and be surrounded by pigmented borders.