

fistula, may be nothing rare in obstetric practice. But it is not often we have to consider in connection with these unenviable conditions a fistulous opening in the abdominal wall.

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DEEP-SEATED BRAIN TUMOR SIMULATING HYSTERIA.

TUMORS of the brain often give rise to very misleading series of symptoms; yet in most cases we have such features as optic Neuritis, persistent headache or cerebral vomiting which point to cerebral origin. Further we often find such localizing signs as muscular spasm or paralysis, *e. g.*, of the ocular muscles or of portions of an extremity, or we may find sensory or special sense disturbances. In this case the symptoms throughout were, with the possible exception of headache, suggestive of hysteria, under which term we must class a wide range of emotional phenomena with accompanying functional disturbances.

The patient Mrs. C., aged 38 years. came under the care of Dr. Anglin, (to whom I am indebted for the clinical notes) early in 1896. She was then in a markedly "nervous" state, presenting in fact the ordinary manifestations of hysteria. Previous to this she had always been quite bright and cheerful and presented no neurotic symptoms. The respiratory, digestive, circulatory and urinary organs were found to be in normal condition. There was however, considerable leucorrhoeal discharge, and on examination cervical endometritis with a badly lacerated cervix was found. She complained of headache which was intermittent in character and confined to the vertex and frontal regions. Believing that the neurotic symptoms might be reflex from the affection of the cervix, an operation for its repair was advised. Early in April she consented and a curetting was performed and the laceration re-