

injuring his back. He was supposed to have a fracture of the spine; he had a motor paralysis of both lower extremities and a sensory paralysis of both upper extremities; there was retention of urine and a marked area of hyperæsthesia in relation to the area of the spinal column supposed to be injured and all the typical symptoms of compression of the spinal cord. Besides that there was a distinct Tic, a peculiar jerking of his head—this had been of four weeks duration, coming on some time after the accident.

On going into the history of the case I learned that four years previously he had been under the care of Sir William Gowers, in London, for four months. At that time a diagnosis was made of an intracranial growth. There was nystagmus, headache, vomiting, some trouble in vision, a marked staggering gait, tinnitus, and other symptoms pointing to a cerebral neoplasm. His head was shaved and he was prepared for operation, and I believe Sir Victor Horsley examined him, but operation was deferred and he was put on heroic doses of the iodide of potassium and the symptoms slowly disappeared in about eight months. About a year ago he came to this country as a carpenter and was employed in the vicinity of Sherbrooke. He did not seem to have any difficulty in climbing to great heights and would work on the top of a building without any symptoms of his old trouble. His fall was the result of the breaking of a plank upon which he was standing.

The patient mentioned to me that while in the London Hospital he had seen Dr. Russell and I therefore sent for him to see the patient with me, but he could not recall the case.

After due consideration I came to the conclusion that we were dealing with a case of cerebral inhibition. There was no doubt he had had the injury with a considerable amount of bruising, which had produced a traumatic neurosis, with the symptoms just mentioned. I advised Dr. Hutchison, under whose care the patient was admitted, that nothing further should be done until we could observe the patient more closely. On Tuesday I saw him, and again on Sunday and I was more confirmed in my opinion. There was a distinct deformity in the spinal column in the situation of this hyperæsthetic area, but the X-Ray showed no displacement or other abnormality. On Friday, after the clinic, I had the patient brought down to the outdoor department and he was put into the hypnotic state and made to walk. On Tuesday of last week I thought it might be an interesting case to demonstrate to the fourth years students, for as a rule the average student or young graduate has a very imperfect idea of what hysteria is or mental inhibition. The patient was brought down to the clinic and the case was discussed before the class. I referred to cases where patients had been bedridden for years