

and the Cheyne-Stokes form of respiration may occur in hysteria, and especially in first attacks; but are present only in the last stages of grave organic diseases. In hysterical hemiplegia, the upper and lower extremities are seldom affected alike, and the face is never involved. Where there is contracture in hysteria, it is more marked, less resisting, and more irregular than in cases of true paralysis.

The skin and tendon reflexes and the electrical reactions are preserved in hysteria. In the paralysis due to hysteria, the wasting is due to disease. Hemi-anesthesia, without loss of motion, is almost always hysterical. Gowers says, "In conclusion, it must never be forgotten that many organic diseases of the brain produce hysteria. In any case apparently hysterical, the slightest symptom of organic disease is of absolute diagnostic significance, and until the absence of any symptoms of that kind, no other symptoms nor former history should be allowed to bias the observer's mind." In a large number of cases, attention to this rule will dispel all difficulty.

December 3rd, Dr. J. P. Rutherford, president, in the chair.

Drs. McKeough and Hall reported cases, showing the necessity for, and the value of post-mortem examinations. Dr. McKeough's case was that of a young man, æt. 26, who had always been healthy, till about six months before death. The last few months of his life, he complained of malaise, and vague pains through the body. Some weeks before his death he was confined to his bed, with what seemed to be a mild attack of typhoid fever. While convalescing from this, he got up from a lounge to do some little thing, and, on returning to the couch, complained of pain over the heart, turned blue, and in a few minutes was dead. The heart was examined the day before death, and no enlargement or lesion was discovered. The urine contained no albumen, but deposited copiously of urates. On post-mortem examination, the pericardium was found filled with partially clotted blood, and a rupture existed in the anterior wall of the right ventricle. The cavity of the right ventricle was normal in size, but its walls were as thin and friable as blotting-paper. His death was so entirely unexpected, that a post-mortem was asked for.

Dr. Hall's case was that of a baker, æt. 52, of temperate habits and free from any syphilitic taint. He applied for advice about four weeks before his death, complaining of not feeling well, of constipation, and a slight cough. At this time he was dull, and very slow in comprehending questions. Pulse rapid, wiry and irregular; temp. 97.5° F. Pupils contracted, but even and responsive to light. He grew gradually weaker, and on rising to walk, would stagger and have to steady himself before starting. Sensation was impaired, and the skin and tendon reflexes lost. The grip of the hand was weak, but both were equally strong. Respirations 10-14 per minute. The temperature rose to normal two days before death. On post-mortem examination, general softening of the entire brain was found, together with an abscess cavity in the right occipital lobe, and an excessive quantity of ventricular fluid.

The President reported two cases of poisoning, in a man and his wife, from eating head-cheese. The symptoms set in about three hours after partaking of it, and consisted of violent vomiting, followed by purging. The general opinion was that the meat had undergone some fermentative change, either before or after its manufacture.

Dr. Backus read a paper on Chronic Constipation, dealing with its causes, results, and treatment. All present joined in the discussion following it, and in the main agreed that more was to be hoped for from hygiene, diet, kneading of the abdomen, enemata, and regularity in going to stool, than from the continuous use of medicine.

MEDICO-CHIRURGICAL SOCIETY, MONTREAL.

Regular meeting held 3rd December, 1886. Dr. Cameron in the chair.

Dr. Stewart exhibited a patient with glandular enlargement or Hodgkins' disease; the blood was deteriorated, red corpuscles were about 1 to 20 of white. Treatment in many cases was successful. Billroth uses large doses of arsenic.

Dr. Bell said he had seen a number of these cases, and while some of them died in a few months, others lived for a long time; in some cases complete recovery has obtained.

Dr. Mills said recent investigation tended to