

the following diagnostic marks of hysterical paraplegia:—I. The family history. II. The well marked hysterical diathesis. III. The absence of important paraplegic symptoms,—as wasting, alterations of the urine and of nutrition, and other signs of an irritative lesion of the cord. IV. The anomalies presented: such as the incompleteness of the paralysis, and the fact in the case of our patient, that more than once she has freely moved her limbs when her will was stimulated to action. Again, muscular resistance was distinctly encountered when her legs were roughly handled;—the electric excitability of her muscles was natural;—and lastly, her recovery was sudden, perfect and spontaneous.

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## HOSPITAL REPORTS.

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*Edema of the Glottis: Operation of Laryngotomy at the Montreal General Hospital. Reported by Mr. HAYES.*

John Foley, aged 30, laborer, was admitted into the Montreal General Hospital late in the evening of 6th July, 1864, in a state of suffocation. He was unable to speak more than two or three words at a time, as the effort increased the difficulty. Any attempt at swallowing provoked a violent paroxysm of choking, and the fluid was instantly returned through the nostrils. His pulse was rapid and weak, surface cold, covered with sweat, and the lips livid. He was extremely restless, throwing his arms and body about in such a manner as to make it necessary to restrain him by gentle force. On examination, the soft palate and uvula were found to be slightly reddened and very œdematous,—the latter the size of a man's thumb. The tonsils also appeared considerably enlarged. The epiglottis could just be seen very red, but the man's struggling prevented a good view being obtained of the back of the pharynx. The tonsils and surrounding parts were at once freely scarified and the enlarged uvula removed by a pair of scissors. The bleeding, which was very free, was encouraged by warm fomentations of water. For a few minutes some relief seemed to have been derived, and an unsuccessful attempt was made to administer an emetic of vin ipecac. In a very short time, however, the symptoms of dyspnoea returned with increased violence, the poor fellow clutching wildly at his throat, and fell back on the bed, making convulsive struggles to breathe. As the symptoms plainly admitted of no delay or trifling, an opening was made through the integument, between the lower border of the thyroid cartilage and the ring of the cricoid. The membrane was pierced, and