

this case must have been nearly identical with that of the case presented. Continuing, Dr. Graham said he would like to ask Dr. Meyers' opinion on two points. In his paper he had stated that the action of the bladder was automatic, that was, that the bladder would fill up, and when it had arrived at a certain degree of distension, the patient would urinate involuntarily. Of course, that indicated a cutting off of the cerebral influence to the bladder. In this case the influence was apparently cut off only on the one side, and the question was whether or not the cerebral impressions passed down both sides of the cord. The other point was in reference to the loss of sensation of heat and cold. Dr. Meyers had stated that the fibres which convey the sensation of heat and cold passed up the antero-lateral portion of the cord. The idea given by a good many was that it passed up the centre of the cord close to the spinal canal. According to this theory of Dr. Meyers, he would like to know how he explained the symptoms in syringomyelia. In this affection there was destruction of the central fibres, and one of the most marked symptoms was the absence of the ability to distinguish heat from cold. He (the speaker) had a case in the hospital nearly a year ago, which seemed to confirm this view. The patient was suffering from central myelitis. It was the result of the pressure of a tumour upon the spinal cord, somewhere in the lower part of the dorsal region. In this case, one of the most marked symptoms was the absence of sensation to heat and cold, while the tactile sensation was unimpaired. In the post mortem a central myelitis was found; the outer portion of the cord was healthy, the inflammation seeming to have attacked principally the grey matter of the central part of the cord. In the first case the treatment consisted of the administration of iodide of potash in doses amounting to one and a half drams in the twenty-four hours. There was an improvement in the bladder symptoms at once. There seemed to be paralysis of the bladder to some extent, which led me to believe that the bladder centre was involved in the disease. When he left the hospital there was some improvement in the legs as well. It was curious to note in this case that, although this patient had been under treatment in an American sanitarium for some four months, and had received treatment by douches,

baths, etc., he had not taken any iodide of potash although it was an undoubted case of syphilitic disease.

Dr. Temple then cited an interesting case he had been treating, a case of syphilitic disease he took it to be. The patient was a man who was strictly temperate. Twenty years before, he had had a bad attack of syphilis, resulting in the loss of part of the septum of the nose and the palate. Was treated by a city physician and helped. For the past few years he had been under Dr. Temple's care. About two months ago he was taken ill suddenly, early in the morning. Dr. Temple was summoned. The patient had gone to bed perfectly well. In the morning on attempting to get up, he experienced a great deal of stiffness. As he had been riding the day before, he thought that the condition might have been due to that. He got out of bed with difficulty, and upon trying to put on his clothes, he suddenly lost power of both the right leg and the right arm. He was very much alarmed. On arrival, Dr. Temple found complete paralysis of the right side. His hands and feet were very cold. There was no sensation on the affected side. It appeared a very serious case indeed. Iodide of potash was prescribed with the idea that the condition was the result of the syphilis. In the evening there was no improvement. The patient was still unable to move or do anything. Next morning when the Doctor called, the patient was up, dressed, and apparently as well as ever. The speaker thought the case was not one of hysteria.

Dr. Meyers, in closing the discussion, said he believed cerebral impulses to the bladder passed down both sides of the cord. As those impulses probably descend in the pyramidal tract, a lesion in the dorsal region would cut off the cerebral impulses to the bladder in the same manner as a lesion in one internal capsule, causing hemiplegia, in which disease urinary disturbances are also present; hence the inhibition of one cortical centre is sufficient to cause the bladder symptoms alone mentioned. In that case the sensation of heat and cold had been entirely lost while tactile sensation had remained perfect. The post mortem shewed the rest of the cord to be quite normal.

I expressed the opinion at the meeting of the Ontario Medical Association, in May last, that