

nervous system, recommends that in all investigations we should divide the enquiries into the cerebral, the true spinal, and the ganglionic. Enquire—What is the influence of disease of one of these systems, or the other two respectively? In what order is that influence manifested? What are the effects of irritation, counter-irritation, of pressure and of counter pressure in diseases within the cranium or spinal canal? Why with similar symptoms have we dissimilar morbid appearances? Dr. Marshall Hall treats these various subjects with his usual ability and ingenuity, but I think in the minds of a generality of his readers the question, after a perusal of his arguments, will still return: given any set of symptoms, what is the lesion? Take for example of ambiguity of symptoms, spinal irritation. There is hardly a single disease in the whole category of ailments which may not be more or less accurately simulated by it, and yet in a large proportion of cases the patient makes no complaint of uneasiness in the region of the spine. Dr. McCall Anderson, of the University of Glasgow, in his lectures on clinical medicine, gives cases of simulated diseases of the heart, of the liver, of spasmodic stricture of the œsophagus, of hysteria, of synchronous choreic movements somewhat analogous to Professor Charcot's case, all of which were relieved by treatment for spinal irritation. This protean form of disease, although occasionally met with in men, is principally a disease of women—debilitated, nervous subjects. According to Brown, the immediate cause is spasm of one or other of the muscles arranged along the spine, altering the position of the vertebræ, or otherwise compressing the nerves as they issue from the spinal marrow. Teale on the other hand attributes it to congestion, which by continuance and repetition may so far impair the tone of the capillaries as to produce a state of actual inflammation; while Radcliffe seems of the opinion that the opposite condition, viz., capillary contraction and bloodlessness, is nearer the truth. To this confusion in etiology the line of the Poet Laureate may be applied:

"Not like in like, but like in difference."

Notwithstanding the widely divergent opinions on the *quo modo*, the fact is well established that certain diseases, as hydrocephalus, epilepsy, hysteria and chorea, not only induce augmented excitability,

but manifest their effects precisely upon the organs which are physiologically under the influence and dominion of the excito-motory power. Dr. Budd, in a paper on the pathology of the nervous system, remarks that in many cases of violent reflex, and even convulsive actions, there is no sense of fatigue and little emaciation of the muscles, as fatigue is a cerebral state, and cannot be expected to occur in cases in which the reflex actions are most observed; and emaciation is most obvious in spinal paralysis in which the reflexed arcs being interrupted, the reflex actions are also precluded from taking place. With a brief notice, Mr. President, of Dr. Althaus' views of chorea, as expressed in a recent work, I will no longer monopolize time, that should be equally divided with members of our Society purposing to read papers. Dr. Althaus believes that the embolic theory of chorea is as yet unproven, and that it utterly fails to explain those cases in which the symptoms of the disease supervene after fright or other mental emotions. He does not even consider the presence of a murmur as a positive indication of the existence of endocarditis, as it may be due either to anæmia or to irregular action of cardiac muscles. That it is sometimes owing to hyperæmia of the region of the middle cerebral and of the corpora striata. I think, gentlemen, from the opinions quoted from the writings of the most eminent writers on the pathology of the nervous system, you will arrive at the conclusion that these painful nervous affections are much more frequently the result of functional derangement of cerebro-spinal and ganglionic system of nerves, than from particular structural lesions of either. That in the psychological, motor and sensory varieties of hysteria, and in the most aggravated forms of chorea, the danger to life is almost *nil*, and that in those cases where post mortem examinations reveal structural changes, it may fairly be frequently viewed as an open question whether these structural changes were strictly causative, or merely coincident.

EXPULSION OF AN INTRA-UTERINE FIBROID TUMOR.

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Mrs. McK. aged 47; mother of nine children, the youngest of which is now 8 years old, first noticed derangement and irregularity of menstrua-