

## Society Proceedings.

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, 15th May, 1891.*

F. J. SHEPHERD, M.D., PRESIDENT, IN THE CHAIR.

Dr. G. Laforest was elected a member of the Society.

*Combined Lateral and Posterior Sclerosis.*—DR. J. STEWART exhibited this case. The patient, a man aged 42, first showed symptoms of his trouble two years ago, in the form of weakness, stiffness, and difficulty in walking and standing, especially when the eyes were closed. When he came under observation two months ago, there was paresis of the lower limbs with marked ataxia and increased knee jerks. It was noticed, however, that in the course of the following month the knee-jerks gradually diminished, and were now completely absent. This was considered to be evidence pointing to the extension of the degenerative process from the postero-internal to the postero-external columns.

DR. JAMES STEWART read the notes of a similar case which had been under his observation at the Montreal General Hospital for a period of some weeks two years ago. The patient was 43 years of age, and presented the characteristic symptoms of combined lateral and postero-internal sclerosis. The patient died from erysipelas.

DR. FINLEY, who performed the post-mortem, was able to demonstrate the existence of degeneration of both the lateral (crossed pyramidal) and postero-internal fibres.

DR. RODDICK inquired as to the cause.

DR. ELDER asked, if a case be seen early, what symptoms would lead to a diagnosis between postero-lateral sclerosis and tabes?

DR. STEWART, to Dr. Roddick's question, replied that the patient had a history of syphilis, which he believed to be the cause. To Dr. Elder he answered that in tabes the knee-jerk was invariably lost, besides the presence of the Argyll-Robertson pupil, and lightning pains.