

gether with a pill of belladonna and cannabis indica for his urinary trouble.

The diagnosis made was that of a small syphilitic growth, in the right half of the cord, in the lower dorsal region, occupying the lateral pyramidal tract and part of the auto-lateral ascending tract, but a growth not sufficiently advanced to entirely prevent conduction in some of the fibres of these tracts. The derangement of sensibility in this case is interesting, since the path for the conduction of pain and temperature in the cord has of late been much discussed. That the path for the conduction of both these is quite different to that for the conduction of tactile sensation is quite well shown in this case, since, in it, tactile sensation was never at any time impaired, although the derangement of the sense of pain and temperature was very marked. The majority of evidence points to the auto-lateral ascending tract, as the path for the conduction of both these latter senses upwards, and consequently I have believed this tract implicated in the growth. Since neither the tactile nor the muscular senses were affected in the case, I think we may assume that the posterior columns were not invaded by the disease. That the sensory loss was greater on the more paralyzed side, instead of the opposite, is also interesting, and is explained by the fact that the sensory fibres in the lower part of the cord do not cross at once, but ascend some distance before doing so.

In regard to the motor symptoms, we know that the lateral pyramidal tract is the chief path for the conduction of voluntary impulses from the brain to the periphery, and consequently it can be easily understood that a lesion of this tract must cause a derangement of voluntary motion, even when the strength of the muscles themselves is unimpaired. This would explain the patient's power of standing on the right leg alone (which was the more affected), even when he could control the limb only with difficulty in walking. The slight affection of the left limb might be explained by the recussation of the motor fibres in the cord, as has been shown by Turner and others.

The increased knee jerk and ankle clonus are explained by the loss of inhibitory influence from the brain, from implication of the lateral pyramidal

tract, the reflex centre in the cord being preserved. That the incontinence of urine was intermittent was shown by the passage of a catheter, when only a couple of ounces of urine were found. The control of the sphincter was deficient, owing to the interference in the conduction of the voluntary fibres for the bladder which probably descend in the pyramidal tract. The sensation of the bladder was normal, since he was at once aware of the desire to micturate, but the bladder acted automatically, expelling the urine as soon as a sufficient amount had collected, the restraining influence of the brain having been withdrawn. The absence of wasting of the muscles was due to integrity of ganglion cells of the anterior horn. In regard to the vaso motor symptoms, experiments on animals suggest that the lateral columns conduct the impressions which act on the vaso motor centre, a suggestion quite in harmony with the facts of this case.

Meetings of Medical Societies.

TORONTO CLINICAL SOCIETY.

(We are indebted to Dr. Brown, of the Toronto General Hospital, for the report of this meeting.)

The regular meeting of this Society was held March 8th, the President, Dr. Temple, in the chair. After the usual routine business was transacted, the following gentlemen were elected Fellows of the Society: Drs. N. A. Powell, W. Canniff and W. B. Thistle.

Dr. D. C. Meyers read his clinical notes on a case of syphilis of the spinal cord (see page 318).

Dr. J. E. Graham said he was very much interested in the very lucid description Dr. Meyers had given of the case. It resembled very closely a case he (Dr. Graham) had had in the General Hospital during the past few weeks, a case of syphilitic disease of the cord in which both limbs were affected, the one side more than the other. It exhibited about all the symptoms Dr. Meyers had stated, increased reflexes on both sides, inability to walk with any degree of comfort, and partial paralysis. Tactile sensation was perfect, but the sensation of heat and cold was absent in both limbs. There was also some urinary trouble. The lesion, therefore, in