

pubis. Warm applications and opiates were used. When he came into the hospital, my attention was drawn, by the nurses, to the fact that he was constipated. I afterwards learned that before he went there, constipation had been a prominent symptom, although from questioning his parents I had not been able to elicit this information. There was no vomiting. He was taken home by his parents.

A few days after his return home, the tumor was found to be increased in size. I inserted an aspirator and drew off pus; there upon a free incision was made, and about a pint of pus evacuated from below the reduplication of the peritoneum. No foreign body was found; a drainage tube was inserted; the boy recovered quickly, and in two weeks was out of doors.

I have thought this case worthy of note, as I was led into error. I have been unable to find much literature upon the subject. In 1881, Gibney recorded six cases of pericæcal abscess, mistaken for other disease. In one case the condition had been, by several eminent surgeons, diagnosed as a dislocation; but the abscess opened spontaneously. In another case the abscess had been complicated with a hernia, and had been diagnosed as a simple hernia. In four out of six the diagnosis had been hip joint disease.

#### HYSTERIA IN THE MALE.

Dr. T. Mackenzie related the case of an inmate of the Home of Incurables. Male, 29, Irish, had always lived a steady life, and had no bad habits, but was an inveterate smoker. Some two years ago he became melancholy. It was noticed in the dry goods store in which he was a clerk, that he preferred to do the heavy and dirty work rather than come forward and make sales. He was admitted into the home exactly two years before the date of his recovery. The history was that he came home on a Saturday night and had to be helped to bed. The next morning he came down stairs and gradually became worse, so that at length he could not walk, and had to have his limbs moved for him, but he could stand if supported. After a few days he became motionless. After he came into the home he was never seen to move a limb during the day time, but during the night he would draw up his legs, and turn in bed. Occasionally he would speak; in six months he would speak

perhaps as many times, but then only to make a brief request. On one occasion, about six months after he was attacked, he actually broke out into conversation. Before he was brought into the hospital the actual cautery had been tried, but without avail. The irons heated to a white heat had been brought so close to him that he had been badly blistered. Electricity had also failed. Starvation, kept up for ten days, had been equally futile. He was very fond of tobacco and would smoke if the pipe was placed within his teeth. Pipe and tobacco had been placed within his reach, but he had never been known to touch them. Needles had been run into the flesh without producing any movement or complaint. During his stay in the home he became very stout, his appetite and digestion were good, and there was no trouble with either rectum or bladder. On Easter Sunday he asked for crutches, saying that he thought he could walk. Ever since that time he has walked and talked. He had the appearance of one afflicted with dementia—dull, expressionless face, listless eyes, chin resting on the breast. The cutaneous circulation was very poor, the hands and feet cold and blue. His memory is perfect and he is rational in every respect. He was said to have been disappointed in love.

Some twenty years ago, when a medical student, Dr. Price Brown had seen a somewhat similar case. The man had been found in the street in an unconscious condition. He fell into a state of apathy and could not move a limb, even the eyes and eyelids were motionless. After a little while he gained some slight power of motion in the feet. I remember once seeing his dinner placed on the floor before the open fire-place of the ward. He hopped over on one foot to the fire-place, bent down and seized his dinner in his teeth, without making a motion of his hands. Gradually he gained the use of his hands, and was then given a pair of crutches. One day he came down on his crutches to the front door of the hospital, looked around, and the coast being clear, he was seen to throw down his crutches, bolt for the high fence, clear it with a bound, "though lost to sight to memory dear."

#### PUERPERAL PYREXIA.

Dr. Spencer related the case of a primipara who had been attended for him during labor by a fellow practitioner, a demonstrator in one of