

served over the entire body. Pain and temperature senses are preserved upon the left side, but lost over the entire right lower extremity and over the trunk as high as the costal margin anteriorly and two finger's breadths below the angle of the scapula posteriorly. The loss is distinctly defined at the median line of the body and includes the right half of the penis, and the right testicle. There is no astereognosis.

The patient also presents symptoms of a sharply defined localized sweating on the left half of the trunk, extending to a little below the hip and including the left shoulder, arm, forearm, and hand, though much less marked in the forearm and hand than in the other parts affected.

There is no evidence of muscular wasting in any part of the body.

A skiagraph taken by Dr. Kassabian revealed no abnormality of the bony structure.

Dr. F. X. Dercum asked whether the pupil on the side of the lesion was smaller. Dr. Price replied that it was.

Dr. Dercum said that it was rather an interesting fact that the patient's myosis was present on the side of the lesion or wound. Of course, the symptom itself could be explained only in a speculative way. Perhaps as has been attempted in the myosis of tabes, lesion of the posterior columns interferes with impressions coming from the general body surface which have a dilator action on the pupils. The absence of such dilator stimuli would, of course, result in a small or myotic pupil on the same side as the lesion in the cord.

Dr. Alfred Gordon thought the case very interesting. It reminded us clearly of Brown-Séquard's experiment when he produced line sections of the spinal cord and produced symptoms almost identical with those of the present case, excepting the areas of anesthetics and hyperesthesias which are usually present above the level of sensory disturbances. In hearing Dr. Price recite the case, some thoughts of medico-legal nature suggested themselves to Dr. Gordon. For instance, in cases of a stab wound in the back, the patient may present a paralysis of one side and sensory disturbances on the other. Acute disturbances of the function of the cord are usually looked upon very seriously. The great improvement the patient presents with an evident lesion of the cord, points to the great practical importance of the fact that patients of this character, in spite of distinct cord lesion might improve considerably.

A CASE PRESENTING SYMPTOMS OF CEREBRAL TUMOR, WITH RECOVERY.

By Dr. A. A. Eshner.

The patient was a man, 30 years old, suffering from vomiting, anorexia, bad taste, headache and vertigo. Gait and station were ataxic, and the man was unable to attend to his business. Pulse and temperature were normal. The man was a large eater, but he had not indulged excessively in alcohol or tobacco, and he denied venereal infection. Under observation, weakness of the extremities on the left side of the body developed, with increase in the reflexes. There was no change in the eye-grounds. Under treatment with increasing doses of iodid and mercurials, improvement gradually took place, leaving only a slight degree of weakness on the left side, not sufficient, however, to interfere with the pursuit of the man's usual avocation. The early symptoms in this case, namely: vomiting, headache, vertigo and ataxia, suggested the possibility of a new-growth involving the cerebellum. The subsequent development

of the left hemiparesis, with increase in the reflexes on the affected side, bespoke invasion of the motor tract on the right side. The absence of convulsions, of perturbation of consciousness, of sensory disturbance, of astereognosis, of mental derangement, pointed to freedom of the cerebral cortex, while the absence of changes in the eye-grounds and of palsy of ocular muscles and the escape of other cranial nerves indicated that the lesion must have been one of small dimensions. The afebrile course of the illness seemed to exclude an inflammatory process. The results of treatment raised the question of a possible syphilitic infection, while drowsiness pointed in the direction of meningitis or arterial disease.

A CASE OF HYSTERIA PRESENTING SYMPTOMS OF CEREBELLAR DISEASE.

By Dr. A. A. Eshner.

The patient was a tailor, 42 years old, who had difficulty in walking after the removal of several teeth, in conjunction also with fright from having remained alone for a short time in a house in which a close friend had died. The man walked like a drunken person, with a tendency to fall to the right. The right chest felt as if grasped in a vise, and there was pain on the right side of the head. There was tinnitus in the right ear, with impairment of hearing. Sensibility was less acute on the entire right side of the body than on the left. The visual apparatus was normal, and there was no lesion of the fundus. There was no sign of inflammatory disturbances in either ear. The muscular apparatus was normal. A laxative containing aloin, cascara, and asafetida was prescribed and hypnotic suggestion was practised, and recovery ensued in the course of three weeks. The disorder of gait, in conjunction with the feeling of unilateral weakness, suggested the existence of cerebellar disease, and the tinnitus and impaired hearing an aural origin. The suspicion of hysteria was strengthened by the absence of organic disease and it was established by the results of treatment.

Dr. W. G. Spiller said that the absence of early changes in the eye-grounds in the case with cerebellar symptoms should make one very cautious in diagnosing tumor of the cerebellum. Among the earliest signs of cerebellar tumor is choked disc. Tumor in the motor region may exist a long time without any change in the eye-grounds, but a tumor in the basal ganglia, the pons, or the cerebellum is likely to cause early choked discs. Dr. Spiller stated that he had had two cases within the past few years which simulated tumor of the brain very closely. He was called to see a young woman about three years ago who had intense ataxia, violent headache, vertigo and other symptoms of brain disease. The symptom-complex, after careful study, seemed like hysteria, therefore she was placed in a private room at the University Hospital with a trained nurse, and under treatment by suggestion all the very grave symptoms of brain tumor disappeared in a few weeks, and the woman became perfectly well. The notes of this case had been given to Dr. Weisenburg and had been reported by him.

Last summer Dr. Spiller had a patient brought to him from a distance who was said to have symptoms of brain tumor, viz., optic neuritis, convulsions on the right side, weakness on the right side, and complete blindness in the left eye, and sensory disturbances which aroused his suspicions of hysteria. She had the history of having been struck on the left side of the head by a piece of iron which had fallen some distance. The