

cular tension and jactations has ranged from three to fifty days, and the outcome has been uniformly fatal.

The termination of the case is generally in profound stupor preceded by difficulties in articulation and deglutition; respirations become irregular, increased and laboured. The pulse is rapid. Duskiness develops and feeble jactations may continue to a few moments before death.

The sub-acute forms of Central Neuritis differ from the more acute in that the muscular twitchings are slower in development and may not reach the degree of jactations, which characterize the rapidly fatal types. In the acute process there is rapid loss of weight; in the sub-acute conditions, emaciation becomes marked.

My nine cases showed a history of diarrhoea in six during some period of the disorder, usually at the outset; and a similar number showed a decided increase in bronchial secretions. In but one case there were found albumen and casts in the urine.

Temperature records, which were kept in seven cases, showed an average elevation of two degrees, while in two cases the temperature was normal or sub-normal throughout.

The following cases herewith submitted show rather variable symptoms up to a certain point, after which time there seem to be similar symptoms in common.

Case No. 5775.

Admitted May 19th, 1905.

This man, aged 51, tinsmith, whose mother and sister had been insane, was well up to eleven months ago, June, 1905. He then had la grippe, but continued debilitated, and within a few weeks became erratic in his conduct. Two weeks before admission showed further prostration and remained in bed. Then expressed a few depressed ideas; said he could not eat or breathe or talk, though continued quite talkative; would laugh and cry; was uneasy, made delirious references, also intimated hallucinations of hearing, and complained that when he looked at objects he could only see half of them.

On admission, he was unable to walk; answered questions slowly; spoke of feeling exhausted and of having consumption. His nutrition was considerably reduced, though his temperature was normal. He complained of dizziness and would have a tendency to sink down when placed in an upright position. His tendon reflexes were considerably exaggerated and the pupils were irregular, but reacted promptly to light and accommodation. He had quite a degree of arterio-sclerosis and was quite autotoxic. There were rather coarse tremours of hands and tongue, but no muscular rigidity. Otherwise, physical examination was negative. Within two days he became restless, answered questions in a reckless and senseless fashion, giving but little account of himself; had a tendency to fabricate and was inattentive; would have periods of yelling loudly, and in a tottering way would try to walk away from his bed, but would fall; had increased aversion to food, saying that he could not swallow. He continued to show rather increasing ataxia and tremulousness of his arms, and twenty-eight days after admission examination showed quite a degree of muscular tension of arms and legs, with prostration to the degree that he lay flat on his back in bed, with eyes wide open, accompanied with winking of the eyelids and frequent involuntary jerks and jactations of his arms, face and neck muscles. There were occasional electric-like jerks of the sternocleidomastoid muscles. However, at this time he seemed to notice those approaching his