

aggravated. He has complained of dyspnoea and has had spells of gasping for breath. The breathing, however, is not abdominal, as the ribs move freely. He has been much troubled with insomnia. For the last few days he has been lifted into a chair and allowed to remain there two or three hours. In this way he experiences much relief. The superficial reflexes, which were at first increased, are now absent. There is no electro-contractility below the knees and elbows. The temperature has been normal since the first day after his admission. He has had at all times complete control over both the bladder and rectum. The treatment has consisted principally in the administration of bromide and ergot. He has to-day, for the first time, expressed himself as feeling better.

Feb. 1st.—During the month of January patient's general health improved steadily, but the paralysis remained, with perhaps a slight improvement. A moderate amount of wasting has taken place in the muscles of the legs and forearms. Electro-contractility is absent over these muscles. The reaction by the galvanic current varies in the different muscles. As a general rule, the irritability is increased. The qualitative reaction in some is normal, while in others it is abnormal.

April 1st.—Patient has continued to improve steadily during February and March. His general health is now good and all the functions are normal. The difficulty of breathing and swallowing entirely passed away six weeks after his admission. He is able to flex and extend the fingers of both hands, can draw his arms across the chest by means of the pectoral muscles, He is also able to adduct, flex and rotate the the thighs, but he cannot stand or walk. The muscles of the back are becoming stronger. Sexual desire which was absent in the early part of the illness is now returning. There is marked hyperidrosis. The electro-contractility is slowly returning and the galvanic reaction is now of normal quality. During his recovery there has been an improvement in groups of muscles rather than in those of a whole extremity.

June 1st.—Patient continues to improve. The muscles of the extremities are becoming more developed, but the patient is still unable to stand alone. The treatment has latterly consisted of daily massage and the use of the galvanic and faradic currents. The prospect is that the patient will

recover perhaps completely. There is no wasting or settled paralysis in any particular extremity.

Cerebral disease can at once be excluded by the complete absence of linear symptoms. A lesion in the brain which would produce such extensive loss of power, would of necessity be accompanied by very grave symptoms. The electrical reactions would also differ from those shown in this case. Functional paralysis is positively excluded by the changes in the electrical reactions. The diseases of the neuro-spinal system which we would naturally consider are anterior polio-myelitis, acute central myelitis, transverse myelitis, multiple neuritis.

Transverse myelitis might at once be excluded, as in that case bladder and bowel symptoms would be present, and there would be more or less anaesthesia. As the lesion would require to be high up in the cord, tendon reflexes would be increased, and electrical reaction would be exaggerated.

In acute central myelitis there would be more or less loss of sensation and some disturbance of the function of the bladder and bowels.

Was this a case of Landry's paralysis? For the first week I was inclined to think it might be an example of that disease. The slightly elevated temperature which existed during the first day or two was not, in my opinion, sufficient to exclude Landry's paralysis, as the fever might have arisen from some inter-current affection. When, however, the quantitative and qualitative changes in the electrical reactions became evident, I could no longer consider it a case of that disease. Diphtheritic paralysis is also excluded. There was no previous history of diphtheria, nor did the disease commence as one of diphtheritic paralysis.

It is scarcely possible to consider this a case of multiple neuritis. There were very few sensory disturbances, nor was there any tenderness over the nerve trunks. If it were possible to have such an extensive lesion of the nerve trunks and the sensory fibres at the same time not affected, this might be put under the head of neuritis. There is much less atrophy than in the majority of cases of anterior polio-myelitis, and the case has not followed the ordinary course of that disease.

Taking the whole case into consideration, I am inclined to think that the anterior cornua of the gray matter have been affected and the motor fibres leading from the multipolar cells.