

The pectoral and neck muscles may participate and retract the head in the advanced stages. As muscular tension increases there are more frequent jactations, which seem to be worse on approaching or attempting to do anything for the patient. These jactations in severe and well marked cases seem electric-like, and in their character paroxysmal, and considering the slight causes that produce them, they are somewhat comparable to the jerks of strychnine poisoning. The muscular tension, relaxation and clonicity of the movements vary considerably. In some, the jactations slowly increase in frequency and severity until the arms, neck and jaws are in rapid play. Then there will be a gradual or sudden subsidence so that an episode might simulate in a measure an epileptic seizure.

The range of movements is not very wide, except when a voluntary effort is made to grasp something, or when the patient is disturbed. If a tense limb is released from one's grasp it often flies in unexpected directions.

Owing to the torpor or even stupor of the patient, tactile sensibility cannot be obtained, but pain sense is moderately reacted to. Manipulation of the joints in some cases causes the patient to wince or cry out as if in pain.

The tendon reflexes become increasingly exaggerated, and when the condition is well advanced, tapping of any of the limbs will produce grotesque and speedy jerks. Ankle clonus can be obtained in some cases. Babinski's reflex is apparently absent. The organic reflexes remain intact until the terminal stages.

Concerning the mental state of the individual, at the outset there may occur more or less mental dulness, which may become more marked until a stuporous condition is reached. However, quite a number of cases exhibit delirious episodes of acute or sub-acute type and eventually show increasing stuporous phases. The latter, however, are not profound until the terminal stages, for the patients seem to arouse and from time to time make observations, attempt to speak or reach out for something with tense and tremulous muscles. In the cases, reported in this paper, it appears that the stuporous-delirious episodes may also precede the characteristic nervous phenomena from a few days to eight weeks.

With the development of the case the facies of the patient is rather characteristic of a delirious or exhaustive condition, the eyes are rather wide open and there is frequent blinking of the eyelids. The coma-vigil expression is applicable in some cases.

In the cases at this hospital, the duration of the characteristic mus-