

reaction to electrical tests, would be quite sufficient to exclude the anterior poliomyelitis, or any changes whatsoever in the condition of the ganglion cells in the anterior horns of the spinal cord. Multiple neuritis, too, is readily excluded from the absence of all sensory symptoms in the lower extremities, both subjective and objective; well preserved muscles, no atrophy, normal electrical reaction, the absence of any known cause, etc. The course and symptoms of the malady, moreover, would also render a transverse myelitis quite improbable. The mere fact that such a condition had gone on for three years or more without appreciable change in the nutrition of the parts, makes the diagnosis of hysteria absolute, and the prognosis could not be considered serious.

CASE II.

Hysterical paralysis of the lower extremities following each effort to walk a short distance.

The victim of this malady was, as might be expected! a girl of about 30 years of age, who was admitted to Dr. Stewart's clinic because of inability to walk.

The first manifestations appeared some 7 years ago with dragging of the left leg, from which, however, she partially recovered for two years or more. The recurrence ensued, and in a graver form of the disease, the patient being quite unable to walk for one year. Partial recovery again took place, and the patient was in the habit of taking fairly long walks every week for several years.

The condition persisted thus till the middle of 1895, when she again became worse and remained almost constantly in bed from July, 1895, to February, 1896. At this time marked weakness developed in the right leg, and the left became quite useless. Crutches were now employed till November, 1896, and since that period she had been fairly well till last year.

Her gait, as observed on admittance, was quite remarkable. Being held up by the nurse at first she would exhibit obvious efforts in beginning to walk, and progression was characterized by distinct shuffling and dragging of the dorsum of the toes over the ground with inversion of the feet: this was far more marked on the right side.

Although the first few steps were taken fairly well, until obvious weakness developed, each step was then succeeded by a weaker, till the patient fell into the attendant's arms. After a prolonged sojourn in the hospital the condition became gradually improved till by February, 1898, the patient left the hospital with complete use of her limbs.