

awakened, and on attempting to rise, found he was completely paralyzed. He says he felt no pain whatever, and that up to a week previous to this attack he was perfectly healthy, and that he worked at his trade until the day before.

Although able to work during the week previous to the paralysis, he complained of having had during that time slight shivering attacks, that he had been a little feverish and had had slight pains in his legs and shoulders, but he considered them only trifling, and attributed his present trouble to his having strained himself, he thought, in carrying home a bag of potatoes the previous night. In reply to leading questions put to him, he thought he had not quite as much power over his limbs, although it did not attract his attention, nor did he perceive any alteration in sensation. He had no trouble in urination, but for a month or so had been restless at night, and would rise two or three times and walk about the room, complaining of the bed being too hard.

He denies ever having had venereal disease of any sort, but appears to have been excessive in the gratification of his sexual desires.

*Symptoms on Admission.*—Patient has the appearance of a well-nourished, strong, muscular man, and as he lies in bed complains of no pain whatever. He lies perfectly motionless, but is able to move his head and neck.

On percussing spine, tenderness is felt over fourth and fifth cervical vertebræ. There is complete loss of power and sensation in body and limbs below line of nipples; also loss of muscular power in the arms except flexors of forearms, and loss of sensation except over radial side of forearm, in which region, although able to recognize handle of penknife and piece of money, he cannot differentiate heat and cold.

There is complete absence of reflex excitability in paralyzed parts; almost complete absence of Faradic irritability on applying current to legs. It was not considered advisable to test electric excitability of arms on account of reflex centre of those parts being near supposed site of lesion. There was no expansion whatever of chest, breathing being entirely diaphragmatic. Heart sounds normal. Bladder distended, reaching half-way to umbilicus; 34 oz. of urine were drawn off, being the amount secreted since the occurrence of paraplegia.

Pupils contracted to size of pin head, fixed and immovable. Temperature on admission, 103.2°.

His chest, abdomen, and back were covered with a lichenous eruption, which, he said, had made its appearance during the past week.

*Progress of Case.*—Temperature, which on admission was 103.2°, rose on the following morning to 104.3°, falling same night to 99.2°, and the next morning to 96°, at which it remained, with a variation of 0.2° on one day, up to his death, which occurred on the tenth day.

About forty-eight hours after onset of paralysis a bulla 2.5 cm. in diameter formed on internal aspect of right foot, over scaphoid bone, and twenty-four hours subsequently two much smaller ones appeared over eighth dorsal vertebra. Bowels moved involuntarily and unconsciously, regularly once a day, on two occasions twice, after admission. Urine was withdrawn twice a day. Priapism was occasionally present, sometimes the erection being complete, at other times only partially so.

Respirations, which during the first two days were twenty-four per minute, fell to eighteen on the third day, gradually increasing in number until the sixth day of illness, when they were thirty-two per minute, about which number they remained up to death. Pulse 84 on admission, fell on second day to 52, gradually rising to 72, at which it remained to the last, keeping regular during the whole time.

On the fourth day patient complained of the mucus râles, which had been gradually making their appearance, and which, from his inability to cough and expectorate, continued to accumulate, thereby interfering with respiration to such an extent that on the sixth day the lips were blue and countenance presented a dusky hue; which condition increased until complete asphyxia was produced.

The urine, which was occasionally examined for albumen during the first few days of his illness, was found to contain none. On the sixth day it was ammoniacal, sp. gr. 1030, and highly coloured. The bullæ which made their appearance on the second and third days, remained *in statu quo*; there were no indications of bedsores about nates.

Pupils remained tightly contracted up to his death, and when examined a few minutes after death had undergone no alteration.

At the *post-mortem* examination, on opening