

cases. When we know that such cases can be better cared for when isolated; when we know that their cure under such circumstances is more likely to be effected; when we know that by placing them in the general wards we are exposing the other patients to the risk of infection and death, we are, we feel, only making a just and humane request when we ask that all hospitals provide rooms for the isolation of tuberculous patients. When a new hospital is being built, or an old one remodelled, is a most favorable time for making this essential provision for every thoroughly equipped, up-to-date general hospital. We are more than pleased to learn that the governors of the Kingston General Hospital have determined to provide two rooms for such patients, one for males and one for females. We congratulate the governors, and we can assure them that their action will be appreciated by the general public, and that their hospital will thus become more popular, not only with tuberculous patients, but with others who will now feel that by going to it they will not be exposed to the risk of being infected with tuberculosis.

PROGRESSIVE BULBAR PARALYSIS, WITH PRESENTATION OF A CASE.*

GOWERS describes a typical case of Progressive Bulbar Paralysis, the symptoms of which were:

1. But little power of moving the lips and lower part of the face.
2. Almost complete paralysis of the tongue.
3. Feebleness of palatine muscles.
4. Complete paralysis of the abductor of left vocal cord and partial paralysis of abductor of right cord.

Thus the parts mainly involved are the lips, tongue and larynx, suggesting to Duchenne the name "glossò-labio-laryngeal paralysis."

*Read before the Medical Library Association, Utica, N. Y.