decades of life in such psychoses as chronic melancholias, depressive senile states, or during the course of alcoholic delirium or hallucinatory depression, and in some other ill-defined infective-exhaustive conditions.

In my nine cases, five have occurred in infective-exhaustive conditions, with durations previous to the neuritic symptom-complex for two and a half to thirty-six months; two in dementia præcox of thirteen to twenty years duration; one in melancholia of three months' duration, and one in depressive-senile state of fourteen years standing. In the infective-exhaustive group the possible etiological factors were apparently—la grippe; in another, anæsthesia and operation for hæmorrhoids; in the third, profound anæmia; in the fourth, strumuous diathesis with prolonged ill health after alleged attack of la grippe; lastly, one with no well-defined etiology.

Relative to the two cases of dementia præcox, one had had tuberculosis for an indefinite period, but the neuritic symptoms seemed to follow soon after anæsthetic and operation for gangrenous toes. The other case was exceedingly filthy. The cases of melancholia and senility, one each, showed no definite etiology, otherwise than the general changes incident to their period of life.

The onset has not been clear or distinct; the peculiar motor reactions are apt to be charged up to psychic states or simple weakness. In my cases physical failure with weakness preceded the distinct evidences of muscular tension and jactations for one to twelve weeks. Weakness with a tendency to stumble or fall if up and about, or helplessness, if abed, attracts the attention. The brighter patients voluntarily complain of weakness in the lower limbs. Slowly and rapidly further prostration develops, accompanied or followed by increasing tremulousness, which, at times, may be of a fibrillary character, usually noted in the smaller muscles of the upper extremities. These movements may be recurrent and may appear as if due to delusional concepts such as fear or because of apparently being startled. A greater degree of muscular rigidity with distinct twitchings and sudden jerks of the limbs supervene. The limbs are apt to be semi-flexed, generally the arms first, and the patient's voluntary actions with the arms are noticed to be jerky, over-done, and quite ataxic. Strong tonic flexion of the thighs and legs is not infrequent. The ankles, and especially the toes seem less involved. The flexor and adductor arm muscles more decidedly, but the extensors and abductors, pronators and supinators are over-active as well. In well defined cases there is involvement also of the facial muscles resulting in a sardonic expression, peculiar grimaces, varied twitchings and occasional sidewise motions of the jaw.