

more than three years ago, the patient has been more or less thus afflicted.

On entering the hospital he was seen to be in every way well nourished and apparently healthy, apart from the conditions of which he complained. His gait was the most characteristic feature; the feet, during walking, were lifted high in the air, the toes pointing to the ground. On returning them to the ground when raised, the toes first came into contact with the floor, the heels later, and with a sharp thud. There was a most obvious effort in walking to lift the toes well above the ground, though at times the patient utterly failed, leaving them meanwhile to drag, with inversion of the feet. This condition was marked in both legs, though much more so in the left. A slight ataxia was likewise prominent.

Examination of the nervous system revealed good voluntary power in the muscles of the upper extremities, as also in those of the right thigh; the muscles of the left thigh, however, were distinctly weakened, as well as those of both lower legs. The condition was briefly as follows: Right leg, complete inability to flex the ankles, slight power to flex the toes; extension fair but distinctly weakened. Left leg, absolute paralysis for extension and flexion.

The reflexes were throughout normal, except for some slight exaggeration of the plantar and patellar reflexes on the right side, and marked diminution of the patellar reflex on the left. *Electrical reactions* were normal. Romberg's symptom was slightly present. *Co-ordination* and muscular sense were otherwise normal; there was no disturbance of *sensation*. The *tâches cerebrales* were well marked.

After a short stay in the hospital of three weeks, the patient was discharged, being slightly improved. Six weeks later he returned practically in the same condition. An effort had been made by Dr. Stewart to hypnotise him but with only moderate success. Complete paralysis was now evident in the flexor muscles of the left foot. There was no evidence of atrophy nor of advance in the condition in any other way whatsoever.

The treatment employed throughout was unsatisfactory, inasmuch as after his second sojourn he was again discharged unimproved.

The question of diagnosis in such a case is not a difficult one, resting as it does mainly between three conditions, peripheral neuritis, anterior poliomyelitis, and functional or hysterical paraplegia. The condition having lasted for so great a length of time without atrophy and with but slightly altered reflexes and a total absence of progressive changes, as well as the healthy condition of the muscles in their