

in man and in the higher animals (and even in the higher apes) is not comparable. The student often sees the experiment carried out in those animals; they are printed upon his mind, and when at the bedside he is too apt to apply the physiology of the higher animals to man.

According to this second group of observers, if spasticity did not occur and flaccidity and loss of the reflexes still remained, not only in all probability had a transverse division of the cord occurred, but also a hæmatomyelia or some destructive lesion had taken place in the lumbar segment below the transverse lesion, and thereby injured the lower motor neurones, with the result that a flaccid paralysis was present.

Here in this case I was able to establish the fact that the segments below the division was in a more or less healthy condition, otherwise I could not have obtained a contraction of the muscles to faradic stimulation.

The separation of the cord having been found at the operation, as above stated, no hope of recovery was entertained, the patient was brought back to the ward and placed in bed.

This case, I thought, was a very suitable one to observe whether or not spasticity would develop, and I obtained permission from Dr. Armstrong to carefully observe the patient from time to time and carry out any method of treatment I could suggest. I held it advisable that an energetic and frequent application of faradic and galvanic stimulation be made to the extremities, so as to keep the muscles in as healthy a condition as possible. Fortunately, at this time I had a group of students who had taken a voluntary course in neurology extending over some six weeks, and with whom I had frequently discussed the ætiology of the reflexes and the symptom complex in spinal cord cases. Very little inducement was necessary to obtain relays of students to help me in treating the patient in the hope of arriving at some definite conclusion as to what symptoms are present in a case of this description, where, at the operation we had been able to demonstrate that the cord below the lesion was more or less healthy. Through their willingness I was able to obtain help and carry out treatment that I could not otherwise have done in a ward of a general hospital. Fortunately the patient was an interesting man. He was a sailor by occupation, had a retentive mind and related pleasing anecdotes about the different lands he had visited. He was of a genial disposition and had the ability of pleasing those who took part in his treatment. All the above factors, though seemingly unimportant, had a great deal to do with the results obtained in this case.

Weeks and months passed, but no return of the reflexes or alteration in the flaccid state of the limbs took place. By the treatment carried