

to attend to his duties through ill-health. When thirty years old he had syphilis, and was treated for it. Since his youth he has been of intemperate habits, having a spree every two or three months, lasting for three or four days at a time.

On Saturday, November 30th, 1903, he had a spree, and left the public-house at eleven o'clock at night, under the influence of alcohol, with the intention of going home. On Sunday morning he was awakened by some one roughly shaking him and telling him to get up. He attempted to do so, but found he was unable to stand. He then noticed that he was in a stable; he had spent the night there, but was unaware of what had occurred during the interval. He was found lying at the foot of a ladder reaching up to the hay-loft, but whether he had fallen upon attempting to go up or down he did not know. When brought into the Montreal General Hospital, under Dr. Molson's care on Sunday about eleven o'clock, he was suffering from complete motor and sensory paralysis of the lower extremities, with urinary retention. I saw him in consultation with Dr. Molson at twelve o'clock, and it was hard to arrive at the diagnosis. He had a certain amount of ecchymosis and bruising on his back in the lumbar region, but no spinal irregularity. He was in a very nervous state, seemed to be on the "borderland" of delirium tremens, and could give us no help towards diagnosing his case. There were two conditions which might have produced the symptoms, but we were unable to decide between them. One was that he might have fallen from a height and produced fracture-dislocation of the spinal column, causing pressure on the cord. The symptoms pointing to this were pain and the bruising and ecchymosis in the lumbar region. The other condition might have been a thrombosis of some of the spinal vessels, with a resulting softening of the cord. The history of syphilis and alcohol and very marked arterio-sclerosis, which was found to be present generally throughout the body, pointed to the probability that it might be due to this latter condition. A lumbar puncture was made in the hope of arriving at a definite diagnosis. The serum was collected in three different test tubes, and each was found to contain blood-stained fluid. This at once confirmed the idea that trauma was the cause of the symptoms. There was a well-marked motor paralysis and spasticity of both lower extremities, with complete anæsthesia. The reflexes were all exaggerated. There was knee-jerk, rectus clonus, ankle clonus, Oppenheim's, and Babinski's sign. Well-marked girdle sensation was present in the upper part of the abdomen in the region of the eighth dorsal segment. Here also was found an area of hyperæsthesia to heat and cold, about an inch in width; above this point sensation was normal, below the area completely anæsthetic to all forms. Faradic and