attack. His mother has once described them as distinctly epileptic; on another occasion as entirely wanting the characters of epilepsy, but being rather tetanic. On the whole, however, I think they must be looked upon as having been of an epileptiform nature, especially from the accompanying unconsciousness. As I have stated, Erb says that general convulsions have never been observed in this disease, and they are not alluded to by any of the other authors I have consulted. Still, they do occur pretty frequently in children at the outset of the disease and before the occurrence of paralysis, which might be used as an argument (although admittedly a poor one) in favour of a possible similar occurrence in an adult. Besides, this case would appear to have been of an exceptionally severe nature.

2nd *The hyperæsthesia.*—In the typical disease, sensation is unaltered. It must, therefore, stand as proof that other parts of the cord are affected than those implicated in ordinary acute paralysis. It would, perhaps, be very difficult to hazard an opinion as to what part this is, as the manner in which hyperæsthesia may be produced is certainly not well understood.

3rd.—The occurrence of severe excruciating pains after the onset of the paralysis and the increase of reflex movements may be taken, along with the exalted sensibility, to prove that some factor is present beyond the lesions ascribed to anterior grey myelitis, because it is painless, or nearly so, and the reflex acts are nearly always unaffected.

The question that has arisen in my mind is, Would extension of an acute tissue-change, going on in the anterior horns to the posterior horns, account for these extraneous manifestations? If so, then we might be justified in looking upon this case as one of acute myelitis of the anterior horns of gray matter, plus some subsequent disturbances in the gray matter of the posterior horns.