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ORIGINAL COMMUNICATIONS.

A Case of Reflex Paralysis. By WM. MCGEACHY, M.D., Iona, Ontario.

Mrs. ——— had for some months been troubled with an ulcer situated on the anterior aspect of the lower part of the thigh. The original cause was a severe scald, of a much more extensive area than the present sore, but which had healed over with a tolerably healthy cicatrix. An abrasion received in the month of August, when alighting from a vehicle, was the immediate forerunner of the indolent ulcer, for which I was now called upon to prescribe.

From a history of the case and its treatment, I judged that a fair trial had been made of the usual stimulating procedures, and accordingly had recourse to the mechanical effects of adhesive straps, conjoined with an internal treatment of zinc and strychnia, given in pill, with extract of gentian.

At the end of ten days the surface of the sore seemed reduced to its minimum area, and, altogether, more healthy in appearance. Up to this time since my attendance began, nothing unusual occurred to pre indicate the somewhat novel complication that was to follow, beyond a little twitching of the diseased limb, to which, I confess, I paid no attention.

September 27th.—Was called suddenly in the morning with the intelligence that something very serious was wrong, and on arrival was not a little puzzled to find complete paralysis of the lower extremities, which she discovered in attempting to withdraw one of her limbs under the bed-clothes. The evening before, the part was dressed with a pledget of lint saturated in a solution of carbolic acid, and secured by bandage. This I now removed and found the ulcer quite healthy. Examined the spine carefully, but could discover nothing amiss.

Called also in the evening, as per appointment, and drew off about 18 oz. of urine with the catheter. Gave an enema of castor oil and turpentine, which came away in an hour with some fecal matter. Paraplegia, if possible, more complete. Attempted to make her stand by the side of