

involved the upper and lower extremity. The head and eyes were turned toward the left and between the convulsive attacks nystagmus was present. The attacks seemed to begin about the left angle of the mouth whence clonic movements, rapidly extending, involved the left side. The right eye was more completely turned toward the left than its fellow, while on one or two occasions the right pupil was larger than the left.

The knee reflexes were absent, the plantar reflexes were present. There was no ankle clonus. During a few days at the beginning there was involuntary passing of urine and stool.

*Course of Case.* The hemiplegic condition improved during her stay in the hospital while the signs in the lungs extended, dulness passing into the left axilla, and the right base anteriorly presented similar signs. On the third of August slight hæmoptysis began and recurred from time to time during the next few days. The sputum gave no evidence of the presence of tubercle bacilli.

The heart was negative.

The abdomen was also negative.

A trace of albumen was observed shortly after admission into the hospital but no casts were found.

From the 16th of August until her death on 26th September, she was at home, attended occasionally by Dr. J. Asselin, and to him I am much indebted for notes of the progress of the case, as well as for references to other cases recently reported.

In September, she was able to walk about, but always with some dragging of the left foot, and with the forearm flexed and held to her side.

The signs of pneumonia persisted; the cough never left her. From the 10th of September until her death she suffered with much respiratory difficulty, and during the few days preceding the end, delirium supervened and progressive asphyxia soon ended in death.

It is a matter of not a little regret that no autopsy was done on this rare case, and though a diagnosis of pertussis, complicated with pneumonia and hemiplegia is made, yet about the cause and pathological basis of the paralytic condition there may be some question.

Among the possible causes one must include :

1. Embolism or thrombosis.
2. Tuberculous meningitis.
3. Cerebral hæmorrhage.

Since evidence for a source of an embolus is wanting, we may exclude it as a cause. There were no cardiac lesions; no manifest peripheral thrombosis.