

and even slight delirium occur. Well-marked gastric symptoms have been frequently observed. In some cases the fever reaches great intensity. Then *paralysis* develops rapidly—in one night perhaps, or in a very few days. It is complete, widespread, and the muscles quite flaccid. Reflex action is *lowered or extinguished*; though, in some cases (Erb), it may be retained, at least in those muscles which are not permanently or not completely paralysed. Then, as in children, follows rapid commencement of improvement in the paralysis, until finally it may entirely disappear, or at any rate some of the muscles quite recover, leaving only certain groups or higher muscles permanently affected. There is said to be *no trace of disturbances of sensation*. The patient is rarely sick enough to go to bed. The general nutrition soon gets quite good again.

We are more familiar with the current of events in *children*. With them the *first* is often *fever*. Not seldom convulsions, and, sometimes other very severe cerebral disturbances, such as deafness, coma and delirium. Then a pretty sudden paralysis of variable extent, with flaccid limbs and without disturbance of sensation, or implication of the sphincters, or bedsores. Then arrest of the paralysis and a gradual improvement, some special parts, however, remaining permanently paralyzed. In these we have the reaction of degeneration. The development of the bones is retarded, contractions take place, and many varieties of deformities are thereby produced.

It will, no doubt, be observed that the points in the case which do not agree with this description are the following:

1st. The fits.

2nd. The hyperæsthesia.

3rd. The pains, and the increase in the reflex movements.

1st. With reference to the convulsive spasm, with unconsciousness, which is mentioned as having occurred on the twentieth day of the illness, I may say that we had much difficulty in getting any clear account of the