

double vision. A girl, eleven years old, suddenly developed this condition, and for three days was slightly unwell. Next morning she was unable to get out of bed on account of complete paralysis of the left arm and leg. Fever with delirium followed for four days when the symptoms abated, and now the limbs show some improvement. In this case the menstrual function was established during the progress of the disease.

In other instances there were no premonitory symptoms, and without warning, the children would "stumble," and on examination one or other of the limbs would be discovered in a paralytic condition.

The following may be taken as types of the fatal cases :

S. G., an Italian boy of four years old, on the 21st July became sleepy, and complained of headache. He was found to have no fever, but with a pulse of 45 slow, hobbling in character and intermitting every fifth beat. This continued four days, when a slight improvement was noticed, internal strabismus occurred, but the child made a complete recovery, so far as symptoms were concerned, on the seventh day. He was then allowed to divert himself in the hot sun in company with a goat, when all the original symptoms returned, headache, squint, halting pulse and drowsiness. This was the last of August, by the first of September he was worse than at any previous time, but yet had no fever. Next day the knee-jerk was absent, but the plantar reflex was retained, as well as the cremasteric. The legs now became paralysed, and by the third of September the paralysis was general, the eyes half closed, the pupils dilated and unequal, a temperature of 105 degrees. The child died at three o'clock the same afternoon.

Hilding A., a Swedish child, twenty months old, on the 31st August was stricken with fever of 103 degrees and pulse of 120. The restlessness was extreme, the child moaning and tossing its limbs, but quite conscious. The head was slightly retracted, and the pupils contracted unevenly. Next day the general symptoms were improved, but the child continued restless and in a highly excitable condition. The second of September the fever had disappeared, but the restlessness increased with clonic spasm, strong grinding of the teeth and paralysis of the left leg. Next day the temperature rose to 104, the spasm increased, and general paralysis supervened. The child died in the afternoon.

In view of the fact that in many cases of cerebro-spinal meningitis the lance-shaped coccus, similar in all respects to the pneumococcus, has been found, which Corneil and Babes regard as the cause of both diseases, it is worth remarking that pneumonia was present in only one case.

E. F., a boy aged four years, was affected on the 8th of August, after a slight preliminary illness, with paralysis of both legs, and two days later developed pneumonia. Both conditions subsided, and now the child is in a fair way of recovery.

In a few the onset was accompanied by symptoms of transient meningitis. Gowers believes that such condition must be regarded as a coincident effect of a common cause.

I have also notes of six cases in adults, of which three were fatal, in two the paralysis persists, the other, a man of seventy, recovered.

The ages were nineteen, twenty-four, twenty-seven, thirty-five, thirty-six and seventy years.

For example : S. J., a lad 19 years old, complained of pain in the head and back, a pulse of 100 and a temperature of 102 degrees. The fever subsided on the fourth day, the pulse fell to 56, and all pain disappeared. The right arm now became paralysed, and by next morning the pulse was at 38, the temperature 97, the extremities cold. Complete paralysis developed during the day, and in the afternoon the young man died.

The muscles in every marked case showed the degenerative reaction in a characteristic manner. The loss of faradic irritability was observed, and in many cases absolute, while the reaction to the constant current was increased. The muscles were variously affected. In some cases the whole arm was paralysed, in some only the intrinsic muscles of the palm, but the combinations of the different groups affected were endless. After an exhaustive tabulation of the muscles and groups affected, I was unable to discover any combinations which seemed to preserve any definite order. In the legs the extensor group was injured most frequently, and sometimes there was a functional association. The paralysis in every case was motor, and the only disturbance of sensation was hyperæsthesia.

The distribution of the paralysis was as follows, reduced to percentage :

Left arm alone.....	2.
Right arm alone.....	4.
Both arms alone.....	2.
Right leg alone.....	7.
Left leg alone.....	26.
Both legs alone.....	45.
Left leg and left arm.....	8.
Right leg and right arm.....	3.
Both legs and left arm.....	2.
Both legs and both arms.....	4.
Right thigh.....	2.

The infection was confined to a definite area fifteen miles long and twelve in breadth, with the range of the Green Mountains on the east, but no natural boundary on the other side. The city of Rutland is in the centre of the