

observed, from the slightest paresis up to complete abolition of function.

The paralysis generally develops slowly and gradually, and it commonly advances to a considerable degree before being arrested. Arrived at this stage, it may be expected to recede spontaneously or under the influence of treatment, and the case to end in complete restoration of function. A more unusual course is that in which, as before, a slight, or very moderate degree of weakness is gradually developed, and then suddenly a great change occurs, and a perhaps complete paralysis sets in. Even here, the usual result is gradual return of power. In either case, there are exceptional instances in which the paralysis will be permanent, even in spite of early and efficient treatment.

The first symptom is generally pain, and this may precede any motor defect by some considerable time. Pretty often, the pain and the commencement of the paralysis are noticed about the same time.

The cutaneous sensibility is nearly always diminished, and these sensory disturbances—*i. e.*, pain and anæsthesia—are amongst the most constant phenomena of this affection. In severe and well-marked cases trophic changes are seen, consisting chiefly in a greater or less degree of atrophy. There is diminution of electrical contractility, both to the galvanic and to the interrupted current.

From a consideration of these general features Nothnagel strongly argues that the condition is essentially the same as one of traumatic paralysis when the injury has been done by some gradually compressing cause. We must, in that case, look for some pathological cause which is capable of acting in this way. Certain it is that, in fatal cases of diphtheritic paralysis (which has many affinities with that under consideration) there has been found evidence of thickening of the anterior and posterior roots of the involved nerves, especially in the neighborhood of their point of junction; and also of diphtheritic infiltration within the nerve-sheaths. It is probable that there would be found, in an early stage, proliferation of the connective tissue, and that the subsequent contraction which always sets in under these circumstances would keep up the compression of the nerve-filaments. The same hypothesis would apply to examples of extensive—or even quite limited—areas of anæsthesia.