

day to do work up to the limit of her constantly increasing capability, care being taken to prevent exhaustion. Improvement was continuous, and at the present writing (May, 1900) she walks well, still manifesting, however, some insecurity of gait. In rising from a chair there is still manifest a paretic condition of certain groups of muscles, making it necessary for her to aid the rising by placing her hands upon a chair or upon her thighs. Judging from the history and symptoms this case is no doubt one commonly described as a peripheral neuritis, the result of a systematic poisoning. This condition follows occasionally the infectious diseases, and no doubt in this instance is a direct consequence of the typhoid fever.

In view of our present knowledge of the neuron unit, the term "peripheral" should be dropped. Numerous observations have been made showing spinal nuclear involvement, and even cerebral cortical disturbance in this affection. True, the anatomical lesions which are open to our present means of investigation, are usually more pronounced in the nerves than in the central organs.

The optic nerve, which is virtually a cerebral structure, is frequently involved. The occasional presence of psychical symptoms evidences the fact that even the highest nerve centres are not spared.

The presence of the contractures in this patient was a matter of great practical importance, as its continuance must necessarily insure continued disability to walk. The contractures arose from (1) the lack of balance in the muscles on the flexor and extensor sides of the limb; (2) in part from the action of gravity; (3) chiefly from the development of a muscular fibrosis and fibro-tendinous reaction in the muscles, incident to the disease. Any attempt to produce dorsiflexion at the ankle joint was met by the abrupt, rigid, shortened heel-tendon which prevented the joint's movement. It was noticeable in this case that the contractures had not become so firm as to prevent any great obstacle to the rectification of the deformity by massage and mechanical means.

CASE 3.—Mrs. B., 64 years of age. Up to ten years ago she considered herself a healthy and active woman, is married and has several healthy children. About ten years ago she was taken at intervals of several months with severe pain in the spine, this being provoked by some effort, such as pulling on her boots. When the attack had come on she would be confined to bed for several days, and the attack would not pass away entirely in about three weeks.

Some time after this she noticed that she stooped greatly, and that her dresses no longer fitted properly. The forward bending of the spine has continued to increase until she is now six inches shorter than when in the prime of life; and her thorax is much contracted, the mammæ having descended nearly to the level of