day for the last four days, and now shows marked signs of iodism, being very depressed, and begs that the medication be stopped. Since Aug. 10th he has had to be catheterized because of retention. He is failing rapidly and the paralysis is becoming more complete; there is almost complete flaccid paralysis of the left arm and leg, while the right arm and leg are much weaker.

August the 17th. He complains more of the pain in his neck and back, and of soreness and pain in the arms if they are moved. The left forearm and hand are quite powerless, but the arm can be adducted slightly. The legs can be drawn up and rotated weakly, the left being weaker than the right. The area of the third cervical nerve remains hyperaesthetic; about the nipples there is a small area which, if pricked, produces no sensation, but causes the patient to start and catch a short, quick breath; otherwise anaesthesia is nearly complete, the hyperaesthetic area about the umbilicus having been replaced by almost complete anaesthesia. The response to heat and cold remains the same as found at the first examination. There is practically no perception of pain from the distribution of the third cervical down.

The case was one evidently in which the main lesion ended abruptly at the level of the third cervical segment, involving the whole width of the cord, as might be inferred from the marked hyperaesthesia of the skin supplied by these nerves and definite beginning of the paralysis at the region of the distribution of the nerves from the fifth cervical segments. The history of the marked salivation in the early stages may be taken as evidence that the upper limits of the lesion may extend or may have extended much higher, or it might be taken as an indication that his work as mirror cleaner had caused him to suffer from mercury poisoning.

The lower limits of the lesion are hard to determine, as the wasting of the muscles throughout is more marked than one would expect from a simple transverse lesion of the cord; in fact this extreme wasting, together with the shooting pains in the arms, made worse on movement, and the disappearing hyperaesthesia at the region of the umbilicus, would be suggestive of nerve root involvement, that is, a wide-spread meningeal irritation.

The ability to distinguish between heat and cold below the knees, and not above until the area of distribution of the third cervical was reached, would go to show that the whole thickness