

activity of the deep reflexes; against this diagnosis are further the points mentioned above in connection with progressive muscular atrophy. Disseminate sclerosis occurs particularly at this patient's age, and it is not rare for it to begin as a paraplegia. However after three years one would expect to find other evidences of the disease, such as an intention tremor, nystagmus, ocular palsy, optic atrophy or the characteristic staccato speech. One of these system degenerations of the cord, namely the subacute combined sclerosis, is more difficult to exclude, and in my opinion it is the only organic affection that seriously enters into consideration. The accompanying degeneration of the posterior columns would account for the absence of reflexes in the lower extremity, as well as for the sensory symptoms. Such extreme contractures as are present in this case are, however, rare in this disease, and the severity of the motor and sensory disturbances strangely contrast with the integrity of the sphincter action. This form of combined sclerosis is usually accompanied by severe anemia, which is not present with this patient, and the symptoms never improve so rapidly as they have here; indeed the prognosis is as a rule grave. Further, two characteristic features of this affection, pain and ataxy, are quite absent here.

Of the brain disease little need be said. A glance at the list of brain conditions that may cause paraplegia shews how easily they can be excluded. Porencephaly, meningitis, general paralysis of the insane, tumour of the brain, are all easily negatived by both the history and physical signs. The only vascular lesion that is at all likely to cause paraplegia without also affecting the upper limbs is thrombosis of the superior longitudinal sinus, an affection that is a not very rare complication of chlorosis. The slow onset and the presence of profound sensory disturbance are, however, two features that definitely exclude this diagnosis.

We have thus apparently eliminated with this patient every group of nervous affections that may cause paraplegia, and yet here remains the paraplegia. We have therefore to recall the fact that paraplegia may occur independently of any organic affection of the nervous system, and may be due to a psychical disorder. This is the diagnosis at which we have arrived in this case, namely, that the paraplegia is of a hysteric nature. This diagnosis was made not only on negative grounds, i.e., not only because the condition is inconsistent with any organic affection. There are also positive evidences indicating its hysteric nature. In the first place it is certain that the patient is a hysteric. In giving you the history of the case I omitted to mention that