

ing became difficult. He perspired a good deal. The bowels became so loose that he had practically no control over them, but there was no trouble with the urine. He was delirious on the evening of June 12th.

On entering the hospital, June 13th, the following entry was made:—

Pulse—110.

Temperature—99  $\frac{4}{5}$ .

Respiration—22.

He can barely raise his head from the pillow. Face is anxious, slightly flushed and he is perspiring. The tongue moves freely but speech is thick. He has good control of linguals and the palate moves freely. On swallowing, solids seem to stick, but he has no difficulty in drinking. Body fairly well nourished. He can barely flex the arms but cannot raise them. Legs straight, looking flacid but healthy. Right foot slightly drooped. Extensor museles of the right thigh respond slightly to irritation. There is no plantar, patellar, or cremasteric reflex, but a slight epigastric reflex. Sphincter ani reflex very slight. Sensation normal. On applying hot water to the back a slight hyperaesthesia in the lumbar region was evident. He had no appetite but he was very thirsty. Bowels open. He was troubled by the collection of mucus in the mouth. Liver enlarged; spleen palpable below the costal margin. Epitrochlear and cervical glands are palpable.

June 19th. He can flex the right arm and then raise it but cannot raise it without flexing. The left arm cannot be raised; raises head better than before; slight movement in both legs, better in the left. There is incontinence of urine. Electrical re-actions normal. Respiration is unaffected, the diaphragm and intercostal museles being quite active.

During the three following days, the trunk museles became so weak that he was unable to make any movement except a slight rotation of the head. The face remained unaffected. Both the diaphragm and intercostals became weak but not completely powerless, so that in inspiration there was slight movement of the epigastrium and some expansion of the chest. Swallowing became very difficult even for liquids, but if taken slowly they did not return through the nose or enter the larynx. His facial expression was very anxious and he realized the gravity of the condition.

June 22nd. He can raise both arms from the bed and also move the toes of both feet slightly, especially the left. Power of grasp increases. Faeces still pass involuntarily.

June 24th. His power of movement of limbs is improving. The sphincter ani has some power, he has control over the bowels. The museles respond to a weak faradic current.

June 25th. He vomited 10 ounces of greenish fluid after taking