

oblongata were lost, but all down the cord there was that condition of sclerosis which is found associated with a state of exaggerated reflex.

DR. WM. OSLER thought that as a result of concussion there may be an abolition of the reflexes which may persist for some length of time. Then, in addition to that, there may be a complete abolition of the reflexes from a central myelitis and a destruction of the integrity of the gray matter. He had a case of that kind recently in Philadelphia. The cases to which Dr. Edes referred they had all seen.

DR. H. C. WOOD had seen a number of cases in which the traumatism ended in a subacute myelitis involving the whole cord. Then, again, he had seen cases in which the traumatism ended in chronic lateral inflammation. For instance, a woman gets hurt, may be badly frightened into hysteria, the cord gets badly shaken, a minute hemorrhage perhaps occurs through it, and she gets a myelitis. We may have various lesions following traumatism, as from a blow on the head.

DR. M. ALLEN STARR said that it seemed to him that in those cases of concussion in which the reflexes are arrested and in which there is no injury post-mortem to the part of the cord that governs the reflexes, there is the explanation on the theory of inhibitory impulses coming from a higher region and transmitted downward which arrest the reflexes. Such a condition exists in hemiplegia. No doubt in many of the cases of Dr. Mills the condition was one of irritation at a higher level and so arresting the reflex. He agreed with Dr. Edes that, if the patients lived long enough, the irritation would have ceased and they would have recovered with exaggerated reflexes.