seizures, and I have found, *post mortem*, that they were suffering from one of these morbid infections. It is a common thing to find on the *post-mortem* table patches of bronchopneumonia, the appearances of which would accord with clinical notes in the case-book reporting the occurrence of seizures; and, if the brain be examined microscopically, it is easy to prove that these fits may correspond with acute degenerative changes, doubtless caused partially by congestive stasis and partially by a toxic condition of the blood exciting and accelerating the process of neural decay. Bacterial invasion, *secondary or terminal*, of the organs of the body of a *non-specific* nature, therefore, may accelerate the morbid process of decay or bring about a fatal termination.

In conclusion, I thank the Fellows for their kind attention, for I am not unmindful of the fact that many distinguished men have preceded me in the delivery of the Morison lectures. I feel that I have dealt imperfectly with a very difficult albeit important subject still in its infancy; and I can only hope that the words of the old philosopher, Lucretius, may come true, "that one thing after another will grow clear, and dark night will not rob you of the road, to keep you from surveying the utmost things of Nature; in such wise things will light the torch for other things."

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A CASE OF ACUTE ASCENDING PARALYSIS.

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LANDRY'S disease is sufficiently uncommon to make the report of a case which recently came under my care worthy of publication.

The patient, a man aged 24 years, had had no illness during the last few years, except an occasional cold, which did not incapacitate him from work. He got wet cycling a week previous to my seeing him, but followed his occupation during the next four days and did not feel at all unwell; on the fifth day he remained at home complaining of vague pains and a feeling of general weakness. He did not improve, and I saw him two days later.

I found him sitting on a couch downstairs still complaining of pains in his shoulders, legs, and back, the latter being the most severe and referred to the sacral region. He also complained of a feeling of numbness from the middle of the body down to the feet and of weakness in the legs, but there was no girdle pain, nor at this time any definite paralysis. He could rise up from the couch and stand or walk without assistance, but said he did not feel safe on his feet. There was no difficulty in breathing or swallowing, and no rise of temperature. The knee-jerks were entirely absent.

The next day he still had pain in the back and said it felt weak, and the weakness in the legs had progressed to a definite paralysis, so that he could not get up or stand without assistance. Both legs and feet were affected to about the same extent, but, judging from the slight motion remaining, the posterior muscles were paralysed to a greater extent than the anterior. He was unable to turn over in bed and felt easier in a chair, where he sat huddled up, often requiring support to maintain his position or help in changing it. He now complained of some weakness in the arms, and his voice was weak

and husky; he had some difficulty in clearing the throat, and cough was wanting in energy, and there was some difficulty in swallowing. The abdominal muscles were flaccid, and seemed to have lost power, and probably the intercostals, the quadratus lumborum, and the muscles of forced expiration were beginning to share in the paralysis. The movements of the chest were impaired, but there was no dyspnoea. Sensation in the paralysed parts was unaffected: he could feel the slightest touch of a pin or the finger, and pain when pricked with a pin. The muscles felt of normal firmness, and were not tender when handled.

On the third day the paralysis had rapidly extended; the legs were almost motionless, but he was still able slightly to extend them at the knees. He begged to be out of bed, and sat more huddled up from paralysis of the back and abdominal muscles, and had to be supported by pillows, or, when I saw him, by a friend on either side. He was unable to raise the arms at the shoulders, but could flex and extend the elbows, although not able to hold a cup with his fingers or to carry it to his mouth. His head hung forward. He spoke in a whisper, but beyond that the speech was not affected, and no paralysis of the tongue, lips, or face was observed. The loss of voice was probably due in a great measure to paralysis of the expiratory muscles. He had great difficulty in clearing the throat of secretion, the power to cough and all expiratory efforts being almost entirely lost. There was much trouble in swallowing, but no regurgitation of fluid through the nose, and the soft palate, as far as could be judged, was not affected, the dysphagia being due to paralysis of the muscles presiding over the act of swallowing. He was able to swallow small pieces of jelly better than liquids. He had no marked dyspnoea and no violent respiratory struggles. No ocular paralysis was observed. About 11 p.m. he was almost asphyxiated by the accumulated secretion in the throat which he was unable to expel.

On the fourth day I found he had passed a very bad night, the secretions in the throat causing much distress. He could not clear his throat, and swabs or sponges had to be used. He lay almost motionless, and during the day became rapidly worse. The movements of the chest were quicker and feebler, and the paralysis affected the respiratory muscles—pharynx and larynx—more and more. Swallowing became exceedingly difficult, but he was still able to take a little jelly. His mental faculties were quite clear, and down to this time the temperature was never half a degree above normal. At 10 p.m. it rose to 102°.

He died quite suddenly about 1 a.m. next morning. About half an hour before death the sphincter became paralysed and he passed faeces involuntarily. There was no convulsion or struggling, and his mental condition was quite clear to the end; in fact, he made himself understood to the nurse within a few minutes of death, which appears to have been due to asphyxia.

No treatment seemed of any avail. An autopsy was not obtainable.

The chief features of the case, apart from its rapid progress, were:

1. No obvious cause, beyond getting wet.
2. Absence of knee-jerks from the onset, before any actual paralysis was noticed.
3. No rise of temperature until within three hours of death.
4. Sensation unimpaired, the only sensory symptoms being numbness and vague muscular pains.
5. Perfect consciousness of his state to the end.
6. Rapidity with which the paralysis affected the acts of coughing, all expiratory efforts, and swallowing.

With regard to the order of invasion, after the feet and legs became paralysed the progress of the disease was so rapid that it was difficult to follow the exact sequence, except (a) the posterior muscles of the legs and thighs appeared to be affected before the anterior or to a greater extent, and (b) the muscles moving the upper arm on the scapula before those of the forearm.

As a note of distinction from acute disseminated myelitis I would mention (1) the absence of anaesthesia or any impairment of sensation; (2) normal temperature except just before death; (3) the freedom of the rectum and bladder until within half an hour of the end.

THE reports on the therapeutic results with radium which have come from Germany seem scarcely so optimistic as those from Paris. Dr. H. E. Schmidt of Berlin (*Jahrbuch ueber physikalischen Medizin*, p. 193) says that in all cases of naevus treated by him he has always found a tendency in course of time for the redevelopment of telangiectases, generally some months after the discontinuance of the treatment, and he believes that in such cases treatment by Finsen light or electrolysis is necessary to complete the cure. He speaks of one specially good result which he obtained in a case of naevus pigmentosus pilosus in a child. The growth was on the left cheek, about the size of a shilling, dark brown, and hairy. After prolonged treatment the naevus disappeared, leaving only a not very noticeable scar, but here and there dilated vessels began to appear in it, yet by following up the cure with Finsen-light treatment most of these dilated vessels were removed, and the final result was very good.