2. Neuropathic condition, multiple neuritis (Leyden); 3. Localisation in spinal cord, as a form of chronic poliomyelitis anterior. The second condition is negatived by absence of anæsthesia, and of marked electric changes. An autopsy can alone prove whether the disease is in the muscles or the spinal cord.

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Dr. C. Eisenlohr (*Neurolog. Centralbl.* Feb. 15, 1884) describes a case of chronic spinal meningitis, with secondary degeneration of the spinal cord, probably of syphilitic origin.

Among the most important symptoms were paralysis and loss of sensation of the lower extremities, both more marked on the left side, with rigidity of the right leg. Also very obstinate constipation, incontinence of urine, and dull boring pains in both legs and in the rectum. History of syphilis eleven years ago. Present symptoms date from about one year ago. Temporary improvement under brisk mercurial treatment. Appearance of bedsores over the sacrum and great trochanters. Loss of sensibility confined to posterior and outer aspect of the thighs and calves, fairly good on anterior aspect. Hyperalgesia of dorsum of both feet. Plantar reflex weak on the right, absent in the left. Right leg much wasted. Patient died nearly two years after admission.

Post-mortem—was found great thickening of the pia mater, which was adherent to the dura, from the middle of the cauda equina to the level of the 10th dorsal nerve. Nerves of cauda soldered together. The thickening extended in a less degree to the mid-dorsal region. Nerve-fibres of cauda much degenerated. So also are the posterior roots of the whole lumbar region, more particularly on the right side, anterior roots having escaped.

Cord.—Lower sacral lumbar region, whole posterior columns quite degenerated. Higher up, however, the degenerated area becomes smaller and confined to the median column. The degeneration can be traced up into the cervical region affecting a diminishing area of the postero-median columns, till it is lost in the nuclei of the funiculi graciles. The fibres of the right sciatic nerve are greatly degenerated.

The author remarks that this case adds testimony to the views already expressed by Kahler and Pick, that the so-called Goll's columns are not distinct topographically from the neighbouring region, but are simply the longest centripetal continuations of the posterior roots, in this case supplying the lower extremities.

H. H. TOOTH.