of motor paralysis of sensory disturbances and of other symptoms and the destruction of reflexes and other symptoms, and the destruction of reflexes before loss of power are other important symptoms. In disease of the *conus medullaris* symptoms develop more rapidly; the various sensory disturbances may not be alike, pain and temperature sensations are more frequently affected than tactile sense. Severe pain is absent. Decubitus is more frequent. Tumors having their origin within the cauda are not numerous. The writer has collected from literature a glioma, five sarcomas, five neurofibromas, one endothelioma, six of which tumors were removed with fair results. Cases in which the growth springs from the meninges are less common and the variety of the tumors is small. Sarcomas are most frequent, endotheliomas are less frequent, and rarely fibromas, lipomas and secondary carcinomas are found. The greater number of tumors of this region are extra dural. Typical symptoms are produced by growth and pressure on the dura and cauda, and in case the tumor is malignant infiltration of the dura occurs later. NOYES.

TYPHOID MYELITIS. J. Lépine, (*Revue de Médecine*, Vol. 23, 1903, p. 930).

The author gives a description of the history of a patient 19 years of age suffering from typhoid, in whom the following unusual nervous symptoms developed: Increased sensibility to touch and to the point of a pin, especially affecting the lower extremities and the abdomen up to the level of the umbilicus. Tendon reflexes of the lower extremities increased most markedly on the right side. Babinski's reflex. General diminution of muscular power in the limbs, most marked in the lower. Voluntary movements, however, possible, slow and with slight incoördination. Gradually complete flaccid paraplegia developed, the cutaneous and tendon reflexes on both sides disappeared, marked diminution to every form of sensibility and incontinence of urine and feces supervened, and, despite the greatest care, bed sores formed. Post-mortem examination showed the presence of an acute anterior poliomyelitis, attaining its maximum development in the lumbo-sacral region, with central myelitis, extension of the lesion into the white columns (antero-lateral), and concomitant leptomeningitis. Other parts of the central nervous system showed only slight changes, there being very moderate implication of the motor roots and relative integrity of the sensory paths. Previous accounts of paralysis in association with typhoid fever are considered, and the author concludes that a neuritis or a myelitis may be a post-typhoidal condition. All degrees of acute inflammation may occur, the lesions being without doubt primarily vascular, with subsequent involvement of the cells, interstitial inflammation and degeneration, with a tendency to an upward propagation, thus assuming the type of acute ascending paralysis. Apparently the typhoid toxin is sufficient for the production of the lesion, the presence of the bacillus not being indispensable. Dr. Lépine obtained negative results on bacterial examination. JELLIFFE.