speech, at first normal pupillary reactions, later Argyll-Robertson pupils, unequal pupils and pallor of the temporal side of the right optic nerve. Remissions did not occur during the years he was in the hospital. Nystagmus was not observed. The lesions found were those of meningo-encephalo-myelitis, consisting chiefly of round cell infiltration, and degeneration of the posterior columns of the cord. It may be that some cases of multiple sclerosis are overlooked by superficial examination, but on the other hand there seems at present a danger that much will be called multiple sclerosis that in reality is some other disease.

THE NEURASTHENIA OF AUTOINTOXICATION.

By Dr. T. J. Orbison.

On the one hand is Oppenheim with those with him who explicitly deny that neurasthenia may be due to autointoxication. On the other hand are Bouchard and those who actively support the affirmative side of the question. There is a middle ground occupied by Osler and Musser, teachers who do not deny the possibility of this cause, but who do not teach it in their books. This paper supports the affirmative side of the argument and gives cases in support. The intestinal tract is an ideal laboratory for the manufacture of poisons; the mucous membrane is a secreting one; the bile and urine have been proven to be active poisons; the blood itself is a carrier of poisons. Given an excess in the poisons or a decrease in the expulsion of them, it is reasonable to suppose symptoms may arise that are truly neurasthenic in character.

Dr. Guy Hinsdale said that as we saw cases of the graver type of mental disturbances due to autointoxication he saw no reason why we should not have cases of neurasthenia due to the same cause.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

February 26, 1907.

The Vice-President, DR. J. W. McCONNELL, in the Chair.

PARALYSIS OF THE SIXTH NERVE, COMING ON DURING AN ATTACK OF TYPHOID FEVER.

By Dr. J. H. Lloyd.

Dr. J. H. Lloyd showed this patient, a negro woman, a school teacher, aged twenty-nine years, who had been admitted to his wards in the Methodist Episcopal Hospital in January, suffering with typhoid fever. When admitted she was about at the end of the second week of the disease. The fever pursued a regular, uncomplicated course until the twenty-seventh day, after which her temperature remained practically normal. For a part of the time the patient received the Brand treatment, having in all ten tubbings during a period of four days. For the remainder of the time she was sponged. There was only slight delirium, and not much diarrhea. The urine for a while presented some albumin and a few casts. There were no nervous symptoms of special importance, except a little headache when the patient was admitted, and later the slight confusional delirium just mentioned. The Widal reaction was positive. The patient first noticed diplopia when she came out of her delirium, that is, before the fever ended; hence