infected of nine; *Vesperugo serotinus*, one of four; and in *Vespertilio nattereri*, three of fourteen examined.

The trypanosomes observed in the Tunisian bats appear to be non-pathogenic to bats, and inoculations made into rats, mice, guinea pigs, and rabbits were fruitless. Nicolle and Compte succeeded only once in infecting healthy bats out of twenty experimental inoculations. In my hands four white mice inoculated with the blood of the *Vesperugo pipistrellus*, containing the trypanosome described above, remained uninfected.

I have to thank Mr. D. Kehoe, veterinary student, for the illustrations, which are drawn to scale.

ART. XVI.—*Functional Spastic Paraplegia*.^a By JAMES CRAIG, M.D. Univ. Dub.; Fellow and Registrar, Royal College of Physicians of Ireland; Physician to the Meath Hospital and County Dublin Infirmary.

CASE [exhibited].—A coachman, aged twenty-three, had been admitted to the Meath Hospital in March, 1906, complaining of pain, coldness, and a dead feeling in his left leg. He attributed his condition to a wetting, received a year before, when he wore a broken boot. A sensation of "pins and needles" in his left foot and leg followed. Subsequently cold sweats occurred in the leg accompanied by pain which passed up his side into his left arm. Later the pain again attacked and settled in the calf of his left leg, while from the hip down the limb was cold and numb. Tremors then appeared in the leg, so that on attempting to walk he staggered like a drunken man; spasm of the muscles in the leg and extension of the tremors to the other leg and to the arms followed. Examination revealed increased knee jerks, some attempt at ankle clonus in the left leg, slight nystagmoid movements of the eyeballs, no slurring of speech, rhythmical tremors appear in the limbs on using them. He was thought to have disseminated sclerosis, and left hospital in about six weeks without any change in his condition. He weighed 10st. 2lbs. on leaving hospital in April, 1906.

He came into hospital again about a month ago, this time under my care. He now attributes the onset of his illness to

^aRead before the Section of Medicine in the Royal Academy of Medicine in Ireland on Friday, November 8, 1907.

his having slept on a mattress on a stable floor while nursing a sick horse. He says his legs and left arm are weak, and that he has shooting pains which run up his legs, along his sides, across his chest and down again. In the left arm he has shooting pains which escape by the tips of his fingers. He is now only 8st. 7lbs., and appears to be wasted, but the wasting is quite general; he is unable to stand with his eyes closed, and staggers considerably when walking; knee jerks are increased; there is no ankle clonus, but on the left side a few spasms of rectus clonus are elicited which give him pain. There is a flexor plantar reflex. Hyperæsthesia to touch, pain and heat is universal. He has a fairly coarse tremor, seen well in his arm when he places a forefinger on the tip of his nose. He has very slight nystagmoid twitches on extreme lateral movement of the eyeballs. Sir Henry Swanzy reports that otherwise his eyes are perfectly normal in every respect. There is no trouble connected with either bladder or rectum.

During his previous stay in hospital the diagnosis of disseminated sclerosis was undoubtedly made on the weakness of the legs, with increased knee jerks, the tremor and the nystagmoid twitchings. The case is, however, a functional one. The pain and numbness complained of early in 1905 were probably due to sciatica. When he came into hospital on the present occasion ataxia was the most prominent feature of the case—to-night he is free from ataxia. The knee jerks are also less responsive, and even the tremor is not so marked. This morning it was quite absent from both arms. When I now examine him he exhibits to-night, for the first time, a spurious clonus in the right leg. It is due to spasm of the thigh muscles. The ankle is quite unmoved. On rubbing his forehead with my forefinger or on gently pulling the hairs of his legs he complains of pain. The hyperæsthesia is quite general.

The points, however, upon which I rely most confidently in pronouncing against the existence of an organic lesion in the brain and cord are—

1. Absence of ocular signs, such as optic nerve atrophy, contraction of the field of vision, limitation of muscular movements.

2. Absence of any involvement of the bladder and rectum.
3. Absence of true ankle clonus and toe-extension phenomenon.

Hyperæsthesia is less common in purely hysterical cases than anæsthesia, but taking this symptom of general hyperæsthesia with the loss of flesh and the general aspect of the patient, I regard his condition as neurasthenic rather than hysterical—in fact the case presents that alluring symptom group which is so frequently found in people who have received an injury for which compensation is expected. I exhibit this patient to-night in order to draw attention to the importance of making an accurate diagnosis in cases exhibiting nervous disturbances, because of the important difference in the prognosis between an hysterical or functional paraplegia like the present one and a case of, say, disseminated sclerosis. This man has been taking valerianates for the past ten days. I have told him also that he will get well, and already I am much impressed with the improvement that has taken place, and which I confidently expect will be continued.

ART. XVII.—*Intestinal Colic*.^a By CHARLES GREGG SHERLOCK, M.D. Univ. Dub.

COLIC, or enteralgia, is an old word, which originally meant a severe sudden abdominal pain, supposed to be due to a morbid condition of the colon. Now some people consider it includes any sudden sharp abdominal pain, and therefore there are as many varieties of colic as there are abdominal and pelvic organs, and even more. The laity call any sudden sharp pain a colic. Some authors suggest that colic should refer to pain caused by muscular contraction of the walls of a viscus whose lumen is occluded; others would limit the word to abdominal pain without any obvious cause, which pain they consider neuralgic; but medical men generally mean by colic a sharp sudden pain originating either in the pelvis of the kidney,

^a Being a Thesis for the Degree of Doctor of Medicine in the University of Dublin in April, 1907.