In commenting on the case Hayem said, that he did not believe that all cases of Landry's paralysis were due to myelitis, and that he questioned whether it was possible to explain the clinical aspects of such a case, and the death, by the minute cellular lesions shown by the newer methods of histological study.

MITCHELL.

Spasmodic Paraplegia Due to Primary Sclerosis of the Lateral Columns.

Drs. Dejerine and Sottas reported at the meeting of the Biological Society in Paris, November 30, 1895, the only case of this extremely rare condition which has hitherto been satisfactorily made out, except that of Strümpell, published in 1894. The patient suffered for twenty years from an increasing spasmodic paraplegia, with normal sensation and without atrophy, and died at the age of sixty-two from pneumonia. At the autopsy the lateral columns were sclerotic symmetrically with the greatest changes most marked between the fifth and twelfth dorsal roots. In this region the lesion occupied the pyramidal tract, extending forward beyond it. In the lumbar region it was localized in the pyramidal tract entirely. In the upper dorsal and cervical region there was a small sclerotic spot in the anterior portion of the column of Goll. The gray matter was normal, as were the cells of the anterior and posterior cornua. The motor cortex, the internal capsules and the isthmus revealed no perceptible lesion, this fact being considered by the reporters to point the sclerosis out as a primary one.—*Sem. Med.*, December 6, 1895.

MITCHELL.

Hyperpyrexia From Dislocation of the Spine.

Lambatte, of Schærbeek relates the history of a woman, aged 40, brought to the hospital with a dislocation of the spine, the result of a fall backward from a height of one and one-half meters (five feet), striking a solid horizontal bar. There was complete separation of the sixth and seventh vertebra, the spinal marrow being exposed as disclosed at the autopsy. The muscles of the trunk and lower limbs were completely paralyzed, the respirations being exclusively diaphragmatic feeble pulse, 120. The remarkable feature, of the case, was the sudden and excessive temperature which was 36.5° one-half hour after the accident, twelve hours later, 39°, and twenty-four hours later had reached 43°, death occurring quickly afterwards. Lambotte concluded that there must be some coloric centre in the region injured of a controlling or modifying character, a conclusion strengthened in this instance by the fact that no possible source of infection existed, and the hyperpyrexia could not have been, therefore, of microbic origin. (*Presse Med. Belge, No. 50 Abst in Bulletin Med.*, Jan. 12, 1896.)

PRITCHARD.