ART. IV.—A CASE OF ACUTE DIFFUSE MYELITIS.

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THIS case occurred in a patient suffering from Progressive Paresis of the Insane as a complication, and in some respects is of such rare occurrence that it is now published.

The terms which are adopted to designate the various pathological conditions of the spinal cord are usually confusing to the general reader, therefore we will define what is understood by acute diffuse myelitis; and further on will state why we have so entitled this case.

We adopt the classification of Professors Vulpian and Charcot because we believe it to be the most comprehensive and simple; if we use the word myelitis without committing ourselves at this time to the question as to whether some of these conditions are inflammatory or not—then we have diffuse myelitis—that is, where the lesion is distributed about the spinal cord, in patches of greater or lesser thickness and extent, without any regard to the course of the bundles of fibres, or to the physiologically distinct areas of the white or grey substance, all may alike be involved in the disease; this condition may be acute, sub-acute, or chronic.

2d.—We have lesions which are strictly confined to certain systems of fibres, such as the lateral columns or posterior columns, where the lesion will extend the whole length of these bundles; be strictly confined to them and not interfere with the adjacent bundles, or lesions which are

The diagnosis of acute spinal paralysis which was made is correct as far as the symptomatology and pathological appearances of the anterior horns is concerned; but the case has been published as acute diffuse myelitis based upon the entire pathological appearances.

Acute spinal paralysis coming on as a complication in progressive paresis is exceedingly rare. We know of no case recorded, and Voisin* does not mention it as a complication. This is not a typical case of acute spinal paralysis of the adult, but was probably due to extension of the lesions in the white matter to the anterior horns, and this makes the case of double interest, for there is no case recorded as far as we know, where acute spinal paralysis (acute myelitis of the anterior horns) came on by extension of a primary lesion to the anterior horns; this extension does occur, but then it is chronic myelitis of the anterior horns that we have.

The course and symptomatology, the vacuolation and swelled state of the ganglion cells all go to show that it was an acute process; the muscular reaction to the faradic current is explicable from the fact that the faradic reaction is only lost several days after the onset of the paralysis; here it was tested the day after the paresis appeared.

No explanation can be given as to why these diffuse lesions are present, especially the one in the centre of the medulla, unless they be part of a general inflammatory condition of the neuroglia throughout the cerebro-spinal axis.

* A. Voisin, *Paralysie Générale des Aliénés.*