After the Conference was over the party proceeded to the Municipal Office where an address of welcome was presented to Sir Malcolm Watson by Mr. N. Banerji, Chairman, Birnagar Municipality.

A Mirror of Hospital Practice.

A CASE OF ACUTE ASCENDING (LANDRY'S?) PARALYSIS.

By R. VISWANATHAN, B.A., M.B., B.S.,
Assistant Surgeon, Government Headquarters Hospital, Coimbatore.

THE rarity of the above disease in these parts is the excuse for my reporting the following case:—

On 14th February, 1929, a Hindu male, aged 45 years, was admitted to the District Headquarters Hospital, Coimbatore, complaining of inability to walk, retention of urine and constipation.

History.—Two days previous to admission he felt a slight heaviness of the lower limbs which the next day became absolutely paralysed. From the evening previous to admission, he had not passed urine or motions.

Examination.—Lower limbs were absolutely flaccid with loss of all reflexes, absence of Babinski's sign, and absence of any sensory changes. At the time of admission there was paresis of the upper limbs, though he could still move his fingers and wrists. All the other systems were quite normal excepting for slight rapidity of the pulse and general malaise.

The bladder was emptied, a brisk purge was given and stimulants were administered. The morning after admission the patient died of respiratory failure. He never lost consciousness till the end.

The diagnostic evidences which point to the possibility of the case being one of Landry's paralysis are its rapidly spreading nature, absence of any sensory disturbances, bilateral affection, loss of all reflexes both superficial and deep, and death three days after onset due to respiration failure. The difficulty in emptying the bladder with consequent retention was evidently due to general weakness of the trunk muscles and not as a result of inherent disturbance of the sphincter action, which is rare in Landry's paralysis. Acute spreading myelitis and intrathecal hæmorrhage are ruled out by the absence of any sensory disturbances, while age and absence of severe general symptoms are against the possibility of acute anterior poliomyelitis.

I must thank Col. F. C. Rogers, I.M.S., for kindy allowing me to report this case.

A CASE OF "GLANDULAR FEVER."

By F. H. B. NORRIE, M.D., ch.M., F.R.C.S. (Edin.),
Medical Officer, The Angus Company, Limited, Angus P. O., Hooghly Dist. (Bengal).

I WAS called to see Mr. O. on 19th March, 1929, and found he had been feeling out of sorts since the previous day. Vague aches and pains all over his body, loss of appetite, slight fever, glands in posterior triangles of neck, both sides, axillary and inguinal glands enlarged, painful and tender to touch. Feels his neck stiff.

On questioning he stated he had been out shooting in the jungle on Saturday, 16th. Blood taken at night was negative for malarial parasites and filaria.

20-3-1929.—Glands less painful.

21-3-1929.—Glands subsiding, less tender.

23-3-1929.—Glands all subsiding, feeling better.

24-3-1929.—Rise in temperature last night accompanied by painful enlargement of pre-auricular glands.

27-3-1929.—Temperature normal for 2 days. Patient feels fit for work. All glands still palpable but no longer painful or tender.

No rash at any time. Salicylates and salines were exhibited throughout.

This would appear to have been a case of glandular fever. Short incubation period, approximately 48 hours in this case, duration 7 days, painful adenitis—first described by Pfeiffer in 1884. Puncture of the enlarged glands is reported to be negative. This was not done in this case.

RECORD FOR TEMPERATURE.

Date.	*Morning.*	*Evening.*
19-3-1929 ..	98.2°F.	99°F.
20-3-1929 ..	98.2°F.	100°F.
21-3-1929 ..	98°F.	100.4°F.
22-3-1929 ..	98.4°F.	100.6°F.
23-3-1929 ..	98.4°F.	102°F.
24-3-1929 ..	98°F.	99.2°F.
25-3-1929 ..	98.2°F.	99°F.
26-3-1929 ..	98°F.	98.2°F.
27-3-1929 ..	98.4°F.	..

A BENIGN SPINAL TUMOUR.

By P. McRITCHIE, M.C., M.D., M.R.C.S., L.R.C.P.,
Surgeon Specialist, Iraq Health Service, Basrah, Iraq.

THIS case presents nothing of exceptional interest, except that it is illustrative of the length of time that these cases may go on, causing years of pain and invalidism.

The patient, a man of about 35, had pain for seven years in both legs, increasing in violence greatly in the last seven months. Weakness had gradually increased until he was unable to walk unaided. Sphincter control was lost and impotence was a symptom. He suffered