an examination of the blood showed red cells, 5,020,000, no poikilocytosis whatever, no leucocytosis, lymphocytes 14%, transitionals and splenocytes 16%, polymorphonuclears 70%, eosinophiles 1%, *i.e*, normal, and amply excluding pernicious anæmia.

An elderly woman with incontinence of urine, slight staggering, and perverted sensation in the soles of the feet certainly suggested tabes, but the pupils, kneejerks, and optic discs being normal and Romberg's sign absent, prevented such a diagnosis being made. I now pushed strychnine and succeeded in giving her complete control of her bladder even while walking. This, however, slowly disappeared on withdrawing the drug, and the pain in the back and other nervous symptoms increased. A feeling of coldness over the lumbar region was now added.

Within a few weeks (in August) I was twice called to her on account of the most severe pain in the back, cutting in nature, localised at times, and at times encircling the trunk, and requiring morphine ½ grain by the mouth. I now decided there was a cord trouble. While alleviating and trying to clinch my diagnosis, I gave arsenic in increasing doses. Steadily and slowly, through several weeks, the pain diminished considerably, till on October 25th, I found her practically free from it and she resumed her work, suffering only from incontinence of urine, for which I again pushed strychnine. I have not seen her since.

To sum up:—Here was a woman whose dyspnœa, œdema, and weakness, due to myocardial insufficiency, were cured by rest, digitalis, and strychnine. There remained, however, incontinence of urine, preverted sensation in sacral and plantar regions, slight ataxia, violent pain about the lumbar cord with painful girdle symptoms, all of which had to be explained. A rapid diagnostician would exclaim: Tabes! But this could not be diagnosed yet at least when marked ataxia, Romberg's sign, Argyll-Robertson pupil, and optic atrophy, were all absent; while kneejerks were present, and severe pain dominated all. Pernicious anæmia is excluded by the normal number and form of the red cells. Transverse myelitis is probably excluded by the normal motor power of the legs and good control of the rectal sphincter. Absence of paralysis and of atrophy exclude anterior poliomyelitis, and absence of deformity and of tenderness on pressure or on standing, excludes caries. What about hysteria, which accurately simulates every symptom which flesh is heir to? The patient finds the incontinence of urine extremely unpleasant, she is very active and will not consent to take to bed, but goes twice a day to her factory when her strength permits, and she has no symptoms or signs suggesting hysteria. The dominating pain is typical of one condition which explains the other symptoms, and this condition I have diagnosed, *viz*., tumour (in its broadest sense) on the spinal cord. Be-