

tendon reflexes, paresthesia of the lower extremities, a marked Romberg, marked ataxia and incoordination, and the blood gave a four-plus positive Wassermann reaction.

The patient gave a negative history and bitterly resented any suggestion of it being syphilitic in origin after having insisted that she be told definitely and specifically the nature and origin of her trouble. In this idea that the diseased condition could not possibly be syphilitic in origin she was supported by several physicians who had previously treated her. As a result of this disagreement she discarded medical advice and took up Christian Science for several years, but finding herself gradually growing worse she later accepted the situation more philosophically and decided to secure what relief was possible by appropriate treatment.

It can scarcely be questioned that the bilateral zoster followed by a persisting feeling of heaviness and girdle sensation was a direct result and manifestation of the incipient tabetic process, and it is probable that had a proper examination been made at that time the specific nature of the trouble would have been recognized and all these years would not have elapsed before being placed under proper treatment.

Case 4. Male, aged thirty-one years. History of infection twelve to fifteen years before. Three years ago the left eye turned inward, causing double vision, lasting several days. Eight months ago he began to notice a dimness of vision in the left eye, gradually growing worse, and five months later also involving the right eye. About this time he began to notice some difficulty in walking, especially at night; a tendency to fall and an inability to tell the position of the feet when the eyes were closed.

When the visual disturbance first began he consulted an optometrist, who fitted him with glasses, but receiving no benefit they were changed from time to time. Finally, he consulted an oculist who recog-