

everywhere a raised ridge, projecting above the level of the adjacent white matter. To the touch the grey matter feels firm and dense, the consistency being about three times that of normal grey matter. The color of the grey matter is somewhat deeper and redder than normal and the thickness of the cortex is everywhere considerably reduced, being on the average 1 mm. and the maximum thickness being only 2 mm. This condition appears to be diffused uniformly throughout all parts of the cortex, and no focal lesions can be detected.

Microscopical examination. — Throughout cortex, ganglion cells reduced in size and fewer in number; stroma dense, and contains more nuclei than normal; no infiltration about smaller arteries; section of cervical cord in upper cervical region shows no sclerosis.

Remarks. — It is difficult to say to what extent syphilis is to be held responsible for the state of the cerebral cortex in this case. A diffuse cerebral sclerosis with atrophy of the nerve elements proper is thought by some to be always due to syphilis. Others only recognize syphilis when marked endarteritis is present. The absence of arteritis in any degree sufficient to explain the change seems to lead to the inference that while the syphilitic poison possibly was the cause of the lesion in the right corpus striatum, its irritative powers had probably passed away at the time of death. The lesions in the brain do not appear to be definitely syphilitic, though the absence of syphilis can hardly be held proved where no examination of the other organs was made.

Dr. PERRIGO gave the clinical history. In November he was called in to see the patient owing to the result of his falling down the stairs. At that time the appearance of his face was so peculiar that it was thought he had been drinking, but afterwards this was found to be a mistake, he was an abstemious man, and had been so for years; but in the course of the enquiries, a history of syphilis occurring some 50 or 60 years ago was obtained. His condition then and afterwards showed something as follows: In walking, while he could perfectly co-ordinate, he would suddenly have to sit down, as if struck on the head, owing to loss of power in his legs; it was this that caused him to fall down stairs. He was ordered the iodides, and that treatment was followed by a gradual improvement. Then he developed epileptiform attacks and some loss of memory and defects in the power of speech. This last was not of an aphasic nature, nor yet one of articulation; he seemed to stop in the middle of a sentence or middle of a word and go on to something else, all the time being unconscious of this defect.

On being sent to the hospital he appeared to improve, his speech became better, memory better, epileptic attacks ceased, the attacks of

sudden sitting down became less frequent, and he was discharged practically a well man. In regard to the iodide treatment, at one time he was taking as much as 320 grains during the 24 hours.

The patient then went on a trip to Baltimore, and while there he grew worse. His defect of speech returned, patellar reflexes were gone, memory was lost, epileptic attacks returned, and he appeared to lose at times control of his muscles. In going to bed, for instance, in sitting on the edge of the bed, his legs would go through a series of irregular motions. He never, however, had any difficulty in feeling the ground. He then became maniacal, and finally died.

Dr. LAFLEUR asked if the epileptic attacks were those of true epilepsy or of a Jacksonian character. The reason for asking was because he had seen a precisely similar case, in which the same diagnosis was made—cerebral syphilis with meningitis, right-sided paraplegia beginning in the foot and gradually travelling up the leg. The patient was put on anti-syphilitic treatment, without much result. At the autopsy there was no evidence of syphilis in the brain or viscera, in fact, no obvious lesion of the brain. But on more careful examination, just such a condition as Dr. Johnston has described was found—diffused sclerosis, narrowing of the cortex. There was no lesion of the basal ganglia. There is a close similarity between the cases, both from the clinical history and the autopsy.

Dr. ARMSTRONG related the condition of the patient while in hospital. His symptoms were mixed ones. He was maniacal, and required a man to keep him in bed. His symptoms were largely irritative; noise would irritate him; lifting an arm would cause general spasms of the body. The right side of the body was distinctly weaker than the left; the grasp of his right hand was nil, while that of his left was fair. In addition to these he was unconscious for two or three days, no questions could be asked at all, and when consciousness and speech returned he was distinctly aphasic. Not being able to get any information from himself, the diagnosis had to be made from the history and remarks of his friends. A diagnosis of cerebral syphilis had been made in London, and on the strength of this he was put upon the iodides and mercurial inunctions. Improvement took place, the power returned to his right side, his memory returned, speech returned, and general condition was one of apparently very considerable improvement, supposed to be in consequence of the anti-syphilitic treatment.

*Cirrhosis of the Liver with Jaundice.*—Dr. WYATT JOHNSTON exhibited the specimens from a case under the care of Dr. Perrigo and read the history of the autopsy as follows: