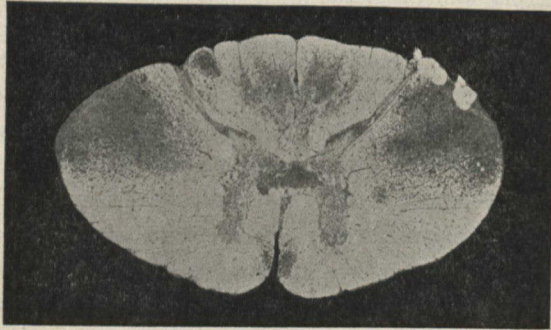


(3) The third subdivision is that of the toxic or subacute combined diseases, which are usually associated also with anæmia, but which differ from the anæmic class in that the cause, whatever that may be, produces both the anæmia and the neurone degeneration; and, therefore, it is be-

IV.



Neuronic Degeneration (*d*) Combined.

A case of toxic degeneration, shewing on the dorsal region the systemic appearance of the disease.

lieved to be due to some toxine, *not* from purely the condition of the blood. The similar appearances of the cord in many cases and the parallel nature of the clinical signs have urged many of the best observers to class it as a separate and distinct disease.

Regarding the name, one may add that it is rather an unfortunate one, since we believe nearly all chronic nervous degenerations to be due to toxic processes, which select different orders of neurones.

Clinically, the cases are found more commonly in females, and occur between the ages of thirty to fifty. Hereditary influence is probably of little importance, and the actual cause cannot be said to be yet distinguished. Usually subacute in its course, yet observers note acute cases with pyrexia, languor, faintness, malaise, vomiting, etc., which lead to an early fatal termination.

The sensory signs in the early stages of the disease are similar to those which occur in anæmia, or in the mild toxæmias of intestinal origin, such as tingling of the feet, coldness, numbness, burning sensations, pins and needles, with, perhaps, a slight degree of ataxia, exhibited by slight awkwardness in movement. Some pain in the back and occasionally shooting pains are present. As the disease advances—and it is decidedly typical of this affection—there appear to be periods in which the toxic action is latent and, again, periods of marked severity and advance, a feature which is not only evidenced clinically, but in some pathological observations. There develops anæsthesia, objective to some degree, af-