

The superficial reflexes have returned. Was ordered iodide of potassium from the first, but has been taking it very irregularly in doses of from ten to thirty grains three times daily.

The rapid onset of the symptoms are in favor of an inflammatory process, and occurring in a syphilitic subject, there is every reason to believe that they bear the relation of cause and effect. From the symptoms attacking both arms and legs, a considerable area of the cord must be involved, and, according to Gowers, myelitis is more likely to be present than pachymeningitis when both upper and lower extremities are affected. This point is not without value in the prognosis, as myelitis occurring in syphilitic subjects is not materially influenced by antisypilitic remedies, and in this case it is noteworthy that there has been no material improvement in the strength of the legs. It is possible that there was also a development of specific inflammatory material which was removed by mercury, and so accounting for the disappearance of anæsthesia and of pain under treatment.

I am indebted to Dr. R. L. MacDonnell for permission to use the notes of the following case :—

CASE III. *Syphilis, Myelitis, Hemiplegia*.—A book-keeper, aged 34, was admitted to the Montreal General Hospital, Feb. 4th, 1890, for pain in the head and dizziness. One year ago he contracted a single chancre, which was followed three months later by a rash and sore throat. Although subject to headaches for three years, these have become worse since acquiring syphilis, and have been so severe as to prevent him working for five months. There is no nocturnal exacerbation. During the past four months there has been difficulty of micturition, and an occasional resort to the catheter has been required. Weakness of the legs has also been coming on for some months, with a girdle sensation round the waist. He has had no antisypilitic treatment up to admission.

*Present condition*.—Patient is fairly nourished and intelligent. Several small ulcers on the face and in the throat. There is paresis and spasm of both legs, with increased activity of the knee-jerk and of the plantar reflex, also slight ankle clonus.