

manifestation of the first symptoms varies from five to fifteen years. In four, a history of infection was not obtainable, yet the positive findings at autopsy in three of the cases and the prompt and positive response to antisyphilitic treatment in the fourth, establish a positive diagnosis.

Three were females and seven were males.

The onset in two cases was sudden, in eight gradual. Of the former one began with an apoplectiform insult, the other with aphasic disturbances and a general feeling of faintness and weakness. In the former, consciousness was lost, in the latter it was retained. In those cases with a gradual onset, six manifested mental disturbances from the beginning, three motor disturbances and five sensory.

Mental disturbances were present in eight of the cases at some time during the course of the disease.

Loss of consciousness was present in seven cases—in one, it was one of the earliest symptoms; in two, it occurred at different times in the course of the disease; in four, it was a terminal manifestation.

Headache was prominent in five cases, being an early symptom in three of the cases.

Dizziness was complained of in four cases, somnolence was evident in the same number.

Pupillary inequality was present in two cases, the Argyle-Robertson phenomenon in two, disk changes in four, visual disturbances in three, photo-phobia in one, and paralysis of external ocular muscles in two.

Facial neuralgia of the right side was the earliest and apparently the only early manifestation in one case.

Disturbance of speech was present in six cases, in one being of purely motor character, in the others, more of a paraphasia. In one case, it was the earliest and most prominent manifestation.

General muscular weakness was present in four cases, right hemiplegia in three, left hemiplegia also in three. In one, the hemiplegia immediately followed the apoplectiform onset, in two, it was an early manifestation and in the other three, it developed later in the course of the disease.