

that lead the patient to seek medical advice, although close interrogation will usually disclose the presence of other disturbances which had existed for a variable length of time, but were not sufficiently prominent to attract much attention or cause much discomfort or distress. When such severe pains are more or less constantly located in one or other of the special organs they constitute the more common form of the so-called tabetic crisis. But it must be borne in mind that pain is not the only way in which such a crisis may manifest itself. The pain may be entirely wanting, and in its place there may appear an uncontrollable vomiting, an unexplainable diarrhea, a profuse polyuria, an ungratifiable erotic sensation, etc., any one of which may be the only prominent manifestation in the earlier stage of the disease.

Case 3. Female, aged forty-five years. Widow of an army officer. Ten years before the time of examination she suffered from an attack of herpes zoster completely encircling the body at the waist-line, following which there persisted a feeling of heaviness and of a band-like constriction. About a year later she began to have pains in both heels, sudden in onset, transitory in duration, and stabbing in character. Later these extended up the inner side of the legs. Two years later she began to notice a difficulty in walking, particularly at night, describing it as a feeling or sensation as if on skates, also a numbness in the whole lower extremities.

Various physicians were consulted and she spent several years in various sanitariums, her condition being regarded as a nervous breakdown incident to the approaching menopause.

Examination disclosed unequal pupils, the Argyll-Robertson phenomenon, absent patellar and Achilles