

and that he expected soon to be as well as ever he had been in his life. The following April he called to tell me that he had completely recovered.

There are several points of interest in the case. The neurasthenic symptoms, of which he first complained, were very marked, and evidently must have lowered the whole tone of his nervous system.

The appearance of these symptoms before the onset of some organic nervous disease would certainly indicate that their presence may make a portion of the nervous system more vulnerable than in a condition of health, which in this case was the peripheral nerves.

That neurasthenia is an affection in which the entire nervous system is weakened is now generally admitted, and hence it is evident that any lesion might affect a given portion of this system, under these conditions, more readily than in health.

The differential diagnosis of cases of ataxic polyneuritis from tabes dorsalis is often exceedingly difficult, especially in view of the fact that the pathological anatomy, as well as many of the symptoms, are identical in these two diseases. Degeneration of the peripheral nerves, including their terminal extremities, is a common lesion in tabes dorsalis. Further, even in this latter affection, the spinal cord may be free from disease, as in neurotabes, in which the lesions consist only in nerve degeneration.

In the history of the case above described that the lesions were chiefly sensory makes the diagnosis much more difficult, and this the more so as the cutaneous sensibility was not implicated, and the ataxy was moderate in amount.

In this case the distinct ataxy, as shown by the change of gait, difficulty of moving about in the dark, and also of performing finer movements with his fingers, Romberg's sign well marked, together with complete loss of knee jerks on both sides, the shooting pains, and later the development of bullæ on the feet, would point to true tabes dorsalis. Had there been with these symptoms any actual paralysis, any doubt of its being a polyneuritis would at once have been removed, since in tabes dorsalis there is no actual loss of power. Again, had there been any positive affection of the bladder or rectum a diagnosis of spinal cord disease would at once have been apparent. The distinct girdle sensation, of which he complained, further complicated the diagnosis, since it is usually considered evidence of a lesion of the spinal cord. The condition of the pupils gave decided assistance, since the Argyll-Robertson pupil is absent from true tabes only in a small minority of cases, and hence the normal reactions of the pupils formed a strong corroborative evidence in favor of polyneuritis. The condition of the fundus oculi afforded, also, like