

In striking contrast to the embolic form, syphilitic hemiplegia is almost always preceded by significant symptoms, valuable both for diagnosis and treatment. Of these the most important and constant is headache, both preceding and following the attack. It is rarely absent from one of these periods and most commonly belongs to both, though in some cases more severe before the attack, in others, afterwards. It differs from the slight temporary headaches which may presage vascular hemiplegia in being far more constant and severe, sometimes agonizingly so, continuous and generally worse at night. Another common symptom preceding this form of hemiplegia is that of slight, usually transient, local paralyzes occurring in different portions of the body. The uvula may be found out of line, or the tongue protruded to one side with a thickened articulation, or else there may be a little ptosis of one eyelid, or slight strabismus, or numbness or weakness in parts of one limb, etc. Another peculiarity of syphilitic hemiplegia is that it may develop slowly, beginning, for instance, in the morning and not becoming complete till evening; and lastly, it quite often occurs without loss of consciousness. Sometimes, however, it begins with, or is preceded by, an epileptic fit or fits. Here again headache is a valuable aid in diagnosis, for syphilitic epilepsy differs from the common form of that disease in a permanent sense of discomfort about the head during the intervals between the attacks. Like other syphilitic neuroses, hemiplegia is a late manifestation of that disease, often only after years have elapsed since the primary infection, which, moreover, may have had but slight secondary symptoms following it. But the prognosis in syphilitic hemiplegia is much better, as a rule, than in the other forms, and you may sometimes use this fact successfully to quicken the memory of a patient who has denied before that he ever put himself in the way of contracting syphilis. Iodide of potassium, of course, should be used unsparingly, from drachm doses upwards, with $\frac{1}{2}$ gr. doses of corrosive sublimat, and to sustain the patient against the iodide I would recommend,

R. Ac. phosphor. dil. ʒvi.
 M. Syr. hypophosphit. ad. ʒiv.
 S.—Two teaspoonfuls in water, t.i.d.

But it is especially the precursors of vascular hemiplegia, which you should learn well and carefully attend to. They are not so pronounced, and are more complex than in the syphilitic form, but nevertheless, the more important of them are rarely absent, and when recognized in time may be of unspeakable importance in leading to measures which will prevent a misfortune worse often than death itself. Vascular hemiplegia, I think, scarcely ever occurs until long after the existence of signs which are as readily appreciable, and even more indicative of danger, than cough, for example, is indicative of the approach of phthisis. As phthisis has both its rational and its physical signs connected with pulmonary organs, so the vascular disease which causes hemiplegia has its rational and its physical signs; the first consisting of nervous symptoms, the latter of structural changes in the vessels.

Of the rational or nervous symptoms you will have first vertigo. This is usually slight, not often with reeling, coming on suddenly; not, like other kinds, oftenest on first rising, but more commonly some time during the day, not long after a meal. But I must tell you that vertigo is an exceedingly intricate symptom, too much so for us to complete the topic now. But before you set down vertigo as threatening apoplexy, examine the ears. Some of the worst cases which I have seen have been caused by plugs of hardened wax, and so may any pressure transmitted to, or arising within, the labyrinth, make walking extremely unsteady from dizziness. Some disorders of the ocular muscles cause vertigo also, while the giddiness caused by fermentation in the alimentary canal, or "biliousness," as the patients term it, is easily distinguished by the presence of other gastric symptoms, such as flatulence, acidity, qualmishness, etc.

Another much more constant symptom is early waking in the morning, with slight headache, which passes off after rising. When a patient finds that he awakes earlier than usual, and finds it hard to sleep again, that this from being occasional is becoming habitual, and that his head feels uncomfortable until he gets up, weakening of the cerebral arteries may be suspected.