peared there would have been found other evidences of the presence of the tabetic process.

Case 2. Male, aged forty-five years. History of luetic infection eleven years ago. Three years ago he began to have attacks of pain in the upper abdominal region, located mostly between the median line, the level of the umbilicus, and the right costal margin. The pains were sudden in onset, spasmodic, griping in character, were associated with nausea and vomiting, were relieved only by opiates, were not followed by any local soreness or tenderness and recurred at first at irregular intervals, but of late they have been more frequent, occurring about every week or ten days. This patient was treated by several physicians for gastric and for gall-bladder disease. He had also consulted several surgeons, who also diagnosed gall-bladder disease, probably calculus, and had advised operation.

At the time of examination there was found the Argyll-Robertson pupil, slight Romberg swaying, absence of the patellar and Achilles tendon reflexes, anesthesia over the outer side of both legs, retardation of pain and pressure sense in both feet and legs. The abdominal examination was negative or at least doubtful.

From these clinical data the diagnosis of tabetic crisis was made. As this was before the advent of the Wassermann reaction, or before much attention was given to the spinal fluid for luetic states, no data are at hand in this regard.

The family physician disagreed with the diagnosis, and when the surgeon who had referred the patient for a neurological examination declined to operate he persuaded the patient to submit to an operation, but failed to find any evidence of a surgical pathological process in the abdominal cavity. Also the subsequent history of the patient's illness proved it to be wholly tabetic in origin.

It is not uncommon to meet with cases of locomotor ataxia in which acute pains of this type and character are the first manifestations