became unfit for duty. [Indorsement upon Hospital ticket, dated September 8, 1866."]

September 15. Patient undersized, dark and rather spare; intellect cloudy, and memory much impaired. He contradicts himself frequently when questioned, and can give no reliable account of himself or his symptoms. Speech thick, but not unintelligible; gait tottering; tactile sensibility diminished, particularly on left side. His wife states that he has occasional attacks of raving mania, during which he is quite violent. Physical examination detects no organic disease of viscera. Complains of pains along the spine.

20th. For some days past patient has shown a childish malice, annoying the servants of the house, and deriding the complaints of other patients. Last night he had a paroxysm of violent insanity, yelling and throwing himself against the walls of the room in which he was confined. Was quieted at length by valerian and morphia. He refuses to take medicine, and will avoid swallowing with much cunning, unless carefully watched.

October 3. Had another paroxysm last night, similar to the previous one, but less violent; no systematic course of treatment has yet been adopted.

14th. Ordered ℞.—Strychniæ, gr. j; mic. panis, q. s. ut ft. pil. No. xv. S. One three times a day.

23rd. Discontinue pills, no advantage having followed their use.

November 7. Continues to be exceedingly troublesome, annoying all the inmates of the Hospital. For the past two weeks he has been growing more feeble, although still able to get about; is also losing his speech, being far less intelligible than at date of admission.

16th. Complains of scalding in micturition; glans penis found to be inflamed, especially about the meatus; shirt stained with semen. He has to be carefully watched to prevent unseemly exhibitions of salicity. ℞.—Gum, camphoræ, gr. x, Ft. pil. No. x. S. Twice a day.

23rd. More reasonable and orderly; continue pills one per day.

December 7. Blindfolded the patient and found him unable to stand without support. On attempting to walk he moves his legs and arms spasmodically, and with an entirely disproportionate degree of violence, tottering and sprawling about. Notwithstanding, however, his apparent weakness, as manifested by his tottering walk, the grasp of his hand can scarcely be borne, nor can his limbs be flexed against his will.

Diagnosis.—Progressive locomoter ataxia.

28th. There is no longer any reasonable doubt that the patient masturbates. Cantharidal collodin to external surface of prepuce.

February 7. By keeping the penis constantly somewhat sore, masturbation has been effectually prevented. His disease has apparently made no advance, and his general health has improved. Treatment has been mainly confined to hygienic measures, systematic exercise, etc. ℞.—Potassi bromidi, dr j; aquæ, f oz ij.—M. S. Teaspoonful ter die.

13th. Sphincters have ceased to act. Discharge from urethra profuse and involuntary.

24th. No improvement. Discontinue bromide of potassium.

25th. Patient less rational; speech unintelligible; inco-ordination of muscular action gradually increasing, having extended to the muscles regulating speech.

26th. ℞. Argenti nitratis, gr. 1-12th ter die. Also, R. Tinct. Cantharides, gtt. xvi at bed-time.

27th. Suddenly, has become much worse. Some weakness of left side has been noticed for several days, and yesterday afternoon he became totally unable to walk or stand. The leg is more affected than the arm. Sensibility somewhat diminished on the affected side. Neither strabismus, coma, nor other sign of apoplexy. Complete incontinence of urine and fæces.

March 6. Gradually improving. Continue treatment.

20th. Zinci sulphatis, ext. conii, āā. gr. x, in pil. No. xx. S. One every day at 2 P.M. Discontinue nitrate of silver. Can walk a short distance, though still weak on left side.

21st. The main disease (ataxy) is steadily progressing; hemiplegia continues to diminish. Arg. nit. gr. 1.12, twice a day.

24th. At 8 o'clock suddenly attacked with left hemiplegia, more complete than previous attack. Left pupil somewhat dilated and conjunctiva injected. Breathing short, hurried, and laborious, but not stertorous. Patient bewildered, but not insensible. Skin warm and profuse diaphoresis; pulse weak and rather excited. No sign pointing to apoplexy.

25th. Died at one o'clock this morning of asthenia. Owing to the objections of the patient's relatives, no complete post-mortem examination could be had. The brain was examined, however, and found to be of normal size and consistence. Pia matter rather congested, with a slight deposit of lymph beneath the arachnoid superiorly and anteriorly. The arachnoid contained rather more fluid than is usual, and venous bleeding from the sinuses was abnormally free. There was no extravasation of blood within the brain-substance, nor did the ventricles contain an unusual amount of fluid. The septum lucidum was perhaps a little softened, and the floor of the fourth ventricle presented two or three lines of congestion. No cause for the hemiplegia was discovered, nor any abnormality, except the absence of the pineal gland. I have frequently seen as much peripheral congestion and exudation, when, during life, there had been no symptoms to direct attention to the brain.

Remarks.—For some time after admission this patient's symptoms were not so well marked as to lead to a suspicion of anything beyond the diagnosis of the hospital ticket. The great rarity of the disease, and the meagre accounts of it given in most of our text-books, aided the error, and the crucial test of blind-folding the patient was not applied until nearly three months after admission. When attention was once properly directed, however, error was impossible. The definition of the discovery of the disease could not have been better met. Trousseau's description is decidedly the best available. He looks upon paroxysmal pain, occurring in various localities, and of brief duration, as one of the most important of the premonitory systems; yet, with the exception of pain in the back, over the dorso-lumbar spine, this patient presented no such symptom. "Nocturnal incontinence and