

sibility to touch or pain about upper extremities. Deep reflexes of arms present and equal, the wrist jerks being more active than those of the elbows. Thoracic organs healthy. Sensibility on skin of legs is normal. Both knee jerks are apparently absent when tested in the usual manner, but by the method of Jendrassik a slight but distinct reflex can be obtained on the left side, but none on the right. Romberg's symptom is well marked, and in walking he comes down heavily on his heels, although there is not much excursion of movement. No evident loss of strength in muscles. Pupils of medium size and react to light and accommodation. Examination of optic discs shows no evidence of optic neuritis. He says his physician told him he had locomotor ataxia, and he consulted me to see if anything could be done for him. After examining his condition, I told him I considered his trouble was peripheral and not due to any lesion of the spinal cord, and in consequence I gave him a more hopeful prognosis. He decided to return for treatment, and entered my private hospital on April 16th, 1901. His condition at this date was much the same as when I had previously examined him except in two particulars: (1) the girdle sensation had much increased in intensity, and (2) both knee jerks had entirely disappeared, and I was unable to discover the least reflex by any method. In addition, I may add that his walking was worse, his gait more unsteady, the heels brought down with a decided stamp. These changes naturally made the outlook more serious for the patient, and my concern for his future became more marked as time wore on and treatment did not appear to alleviate any of his symptoms. As I tested his knee jerks day after day, only to meet with the same negative result, and as the girdle sensation was becoming more marked, I began to fear I had made an error in diagnosis, and that I really had a case of tabes dorsalis to deal with. My satisfaction, therefore, was great when, on the 4th of May, about three weeks after beginning treatment, I was able to elicit a slight knee jerk on both sides, but more marked on the left. This was the turning point of the case, and the other symptoms steadily improved as the knee jerks became stronger. One remarkable phenomenon during his progress towards recovery was the development on the sole of either foot of three bullæ, which were attended by sharp burning pains in the affected parts. They developed over the ball and on the heel of each foot, were about half an inch in diameter, and contained a dark serous fluid. They disappeared gradually, leaving no ill effects. The patient steadily improved in all his symptoms and left the hospital on the 4th of June, much improved in every way. In September he wrote me that he continued steadily to improve, and in October he wrote saying he was able to do everything in connection with his work,