patient by the increased knee jerk. The distribution of the symptoms will, of course, depend upon the location of the spinal lesion, and if the whole segment of the cord is involved, the general features of transverse myelitis will be present. The thermic anesthesia which was the first clinical sign of the disease in this case, showed itself about one year ago, but did not attract any attention. The sense of pain has probably been absent for some months, for he has injured his hand frequently without causing himself any inconvenience. The distribution of the dissociated anesthesia is always irregular, and only rarely symmetrical on the two sides. In the early stages there may be only a blunting of the thermic sense, and the analgesia may be patchy; but when the disease is well developed, the patient cannot distinguish between iced water and boiling water, and a surgical operation might be performed without pain. Progressive muscular atrophy, usually invading the hands, and giving rise to paralysis of the ulnar type, is present in more than one-half the cases of syringomyelia. The condition you see in the patient's right hand, has developed in about eight months. The muscles of the forearm are already involved, to some extent, and I fear the process is also beginning in the left hand. Although the Aran-Duchenne paralysis is the most common, occasionally the shoulder muscles may suffer first. Later, the muscles of the spine are invaded, producing a scoliosis—a frequent complication of the disease. But the legs, for the most part, escape damage. The degenerating muscles exhibit fibrillary contractions, but the electrical reaction is retained for a long time. Of the trophic disturbances, those affecting the skin are most common. In this case, we have a hyperemia of the skin of the arm and abnormal sweating. The abrasions, too, have been long in healing. The nails may be hypertrophied and brittle; the bones and the joints are often involved, chiefly those of the upper extremity. Charcot's joint is found in this disease almost as frequently as in tabes. The spinal reflexes are, as a rule, disturbed, diminished or entirely lost in the affected arm, while the knee jerk is increased. Only in rare cases are the sphincters involved.

Course.—The course of syringomyelia is essentially chronic. Sometimes the condition will proceed a certain distance and then remain stationary for years. Unless the medulla is involved, the patient usually dies of intercurrent disease.

Diagnosis.—At first the disease is often mistaken for *amyotrophic lateral sclerosis,* which, however, has neither sensory nor trophic symptoms. Anesthetic *leprosy* has also to be