

to stagger when first getting on his feet to walk. Under the influence of alcoholic stimulants the difficulty in gait and the sensory disturbances apparently disappeared temporarily, or at least he became unconscious of their presence.

Examination of this patient disclosed unequal pupils manifesting the Argyll-Robertson phenomenon absent tendon reflexes in both arms and legs; marked Romberg swaying, marked ataxia and inco-ordination in the movements of the arms and legs; a loss of the sense of movement in the toe and ankle joints; a marked delay in the perception of the pinprick, and a more or less general hyperesthesia to heat and cold. The blood and spinal fluid each gave a four-plus positive Wassermann reaction. This patient during the last three to four years has passed through the hands of several physicians, osteopaths and chiropractors, and even at the time of examination had been referred to a surgeon for advice and treatment in regard to the falling arches, which were regarded as the seat of the trouble. The loss of bladder control and of sexual power was attributed to the indiscriminate use of the urethral sound. The pains in the feet and legs and the difficulty in walking were attributed to the falling arches, and the general nervousness due to the pain and the disturbance of sleep.

The early pains in this patient were undoubtedly tabetic in origin, since they were not arthritic, had not the character of a peripheral neuritis, were transitory in duration, changeable in character, not associated with any local disturbances, and showed a tendency to be worse at night and during changes of weather. These features taken individually may not mean much, but taken collectively are almost pathognomonic of tabetic pains. It is quite probable that had a proper examination been made when these pains first ap-