

before he perceives it. You can also ascertain, that notwithstanding the apparent feebleness of his muscles, it is absolutely impossible either to flex or extend his leg. He supports likewise, a heavy burden; the weight of a man mounted on his shoulders does not make him flinch. His weakness is then only apparent, there is something which hinders him from making use of the muscular force still intact. As to his upper extremities, there are no marked disorders; he perceives, however, that he does not draw well, and that his writing is a little shaky; there exists a slight trembling of the hands.

But there is another phenomenon rather singular, which ought for a moment to arrest our attention, that is, a considerable diminution in the size of his left forearm, the circumference being about a centimetre (about one-third of an inch), less than the right forearm. You observe also that the left hand is thinner than the right, that the thumb approaches nearer the index finger, and that he cannot extend it beyond a very feeble acute angle, whilst that of the right hand can make, with the index finger, a right angle. This is owing to the disappearance of the muscles of the ball of the thumb ("thenar" eminence). There is muscular atrophy on that side; it is that which hinders the movements of the thumb, diminishing its amplitude, and interfering with its movements in opposition to the other fingers (monkey's hand). Notice, however, the exaggerated contraction of the pupils and the remains of divergent strabismus.

Sensibility is preserved in his limbs, and in his hands. The state of his general health is very good; as regards his genital functions, "he believes he could still perform them."

All these facts being disclosed, it remains for us to give a name to this collection of divers phenomena. A diagnosis is here required: it is progressive locomotor ataxia, characterized, as you know, by sclerosis of the posterior columns of the spinal cord. We have all the precursory details, and all the most characteristic symptoms. Remark how insidious is the onset, and how it deviates at first from the signs of an affection of the cord. The primitive symptoms, disturbance of vision, of hearing, etc., are only transitory, but they barely disappear, when there appear more evident signs, defects of the equilibrium, transitory fulgurating pains, the peculiar projection of the feet, of the

heel, retardation in the perception of sensations. There is, however, no marked disturbance of sensibility; it must not be believed that all ataxics present anæsthesia, and it is wrong to attribute the incoordination of the movements in walking to disturbance of sensibility.

The visceral phenomena have been very marked in our patient; the stomach, the bladder (cystitis of the neck and muscular paralysis) have presented special characters, in accord with the fulgurating pains in the limbs. But it is the muscular atrophy of the left upper extremity which is the most remarkable feature in this case. It is not true progressive muscular atrophy; that which we observe is confined to a group of muscles, especially to the ball of the thumb—muscles of the thenar eminence,—it does not spread; it is confined simply to a small sclerosed centre of the posterior cells of the cord, towards some of the motor cells of the anterior cornu; although this phenomenon is rare, it is not unknown in locomotor ataxia.

What shall I say of the prognosis? It is sad to admit, but it is very grave, the disease always progresses from bad to worse. If some of the collateral phenomena at the beginning have been transitory, see how progressive are the constituent features of the disease. The gait becomes more and more difficult, next the impossibility of drawing, writing, etc. But the duration of the disease is long, and its progress slow. You have seen in our service an ataxic man, lying in No. 12 bed, St. Charles Ward, during the past eighteen months, who is absolutely unable to move any more, who has become completely powerless, speaking with difficulty, reduced, in a word, to the state of a piece of furniture, inert and blind, although his intelligence is relatively preserved, and he has still some memory.

As regards therapeutics, alas! we have no means whatever of curing or arresting this affection. We can only alleviate the symptoms. The external remedies, which are the most efficacious, are the cutaneous revulsives along the tract of the vertebral column, such as dry cupping, blistering, the actual cautery, and sulphur baths every other day. Internally, benefit is obtained from the use of iodide of potassium, which acts by absorbing the connective tissues in a state of proliferation. It is the best remedial agent we have; it does not cure