

of, we are too apt to neglect the more important, common, everyday phenomena, at the expense of the patient's health and happiness. It is not the intention to enumerate every manifestation that is met with in the early stages of the disease, nor to discuss in detail individual cases, but a synoptical outline of the early history of a few illustrative cases as ascertained by examination will be given, pointing out the unnecessary delay that occurred, and calling attention to those features which should have directed the attention of the physician to the possibility of a tabetic process, with a notation of the conditions existing at the time of examination.

Case 1. Male, aged fifty years. He gives a history of a possible infection at thirty-five, the physician at that time calling a local penile sore merely a so-called soft chancre. During the last ten to twelve years he has complained of more or less pain in the legs, more about the knees, varying in severity, intermittent in action, dull and aching in character, usually relieved by a course of hot baths or similar treatment. Four years ago following an attack of gonorrhea which became chronic, he suffered from what was called a nervous breakdown which was attributed to the passage of sounds in the course of the treatment. After four to five months he began to notice a difficulty in going up and down stairs; also pain across the arch of the foot and ankles, this being attributed to the condition of falling arch and flat-footedness. During the last two to three years this condition has gradually grown worse. The pains were worse at night and at changes of weather. He became more nervous, was often unable to sleep because of the pains; noticed a loss of sexual power, at times difficulty in controlling the bladder, a numbness in the fingers and hands, less so in the feet; a sense of early fatigue after exercise, of weakness in the knees and stiffness in the feet, and a tendency