weight of body; and in the hope too that our fellow practitioners may not despair in putting forth an effort to save life even under the most unfavorable circumstances.

LOCOMOTOR ATAXIA.*

(TRANSLATED FROM THE Gazette des Hopitaux.) BY G. T. MCKEOUGH, M.B., M.R.C.S., ENG., ETC., CHATHAM, ONT.

I have had this patient brought into the amphitheatre, in order that we may study together the principal phenomena which he presents; explained in this manner, they will be more deeply impressed on your minds. But I ought first to relate to you the history of the case.

He is a man thirty-eight years old, a sculptor, formerly a soldier, and while serving as such, he underwent successive fatigues during the seige of In 1871 he contracted syphilis, which affection produced its ordinary evolution, viz., after the chancre the secondary eruption, etc. His health afterwards was very satisfactory until the year 1876. At this period, without any known cause, appeared some peculiar phenomena relative to his sight; the man could not see well; he could distinguish the top of objects, but could not see parts situated towards the base; he could not see the earth. At the same time he thought he saw objects dancing about, as if he was drunk. These troubles of vision lasted a fortnight and then disappeared. Some months later, in November 1876, the patient was seized with persistent pains in the calves of his legs, but these pains were not "shooting" in character; they were more the sensation of a violent burning, "as if he had had thrust a red hot fire brand into the calves of his legs." These symptoms lasted only a few days, then, once again, all abnormalities disappeared. Nothing abnormal with respect to his head or stomach.

It was in the month of January, 1877, that the patient first perceived that he staggered, and had difficulty in walking straight. His muscular force was not diminished, but, when taking long walks he felt that he was less master of the movements of co-ordination of his legs.

These phenomena soon became more accentuated; his walking became more distressing, his calves, thighs and limbs were traversed by true fulgurating pains. His gait became more and more difficult during the winter of 1877; his strength diminished sensibly, but the patient had not yet perceived the sensation of "down" under the soles of his feet in walking. Constricting pains around the chest, in the region of the sternum, appeared now, the helplessness of his limbs augmented, standing upright became difficult. Then a remarkable phenomenon manifested itself; the man was in company with some friends, whenthey remarked to him that his left eyelid had fallen, covering the eye more than on his right side; some days after he noticed besides, that his left eye squinted, and that he saw double. These phenomena were but transitory, and after a few months, scarcely a trace of them remained.

But while the symptoms affecting the eyes disappeared, those affecting the limbs were accelerated, and especially the lower extremities, where the helplessness, and the incoordination in walking became so pronounced, that the diagnosis of locomotor ataxia was no longer doubtful.

Some special phenomena appear yet to complete the clinical picture of this affection; troubles of micturition, difficulty in urinating, paralysis of the bladder, necessitating the use of the catheter. Sharp pains in the stomach declare themselves, and persist a long time.

After having given the pathological history of this man, let us now examine his present state. I will interrogate him before you, and you will see his manner of keeping himself upon his feet; he says that he staggers, that he feels "as if he was on springs, on something that was pushing him Standing in the erect posture is upwards." difficult. In order to progress forward, you see he is obliged to support himself, that he projects his legs to the right and to the left, and that he "heels it," as they say. When he walks, it appears to him that he is walking on thick carpet. Some patients believe even that they walk on sponges. If we make him close his eyes, he can no longer stand upright; he falls immediately he is deprived of the aid of sight. Sensibility is, however, not abolished, but he has himself remarked to us that there is a retardation in his tactile sensibilities, and that when he knocks his foot, it is some time

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