

sign. Iridoplegia accompanied by oculo-motor disturbances is due, as a rule, either to disease of the spine or of the pons varoli. The course of the disease is slowly progressive. The symptoms which precede and accompany its advent are of such an insidious nature that often the patient does not consider himself seriously ill. Perhaps he may notice with annoyance that he tires more easily than formerly, that he has vague pains, dizziness, and impairment of vision, or other such symptoms. He may continue in this way for years before any great advance in the disease is made; or the progress may be steady from the outset of the first symptoms. One side is usually affected first, but the other usually follows and keeps on until both are equally affected. In nearly all cases the lower extremities are affected first, and usually a long time elapses before extension to the upper parts takes place. Extending as it does over a number of years, the patient often dies of some intercurrent affection—cystitis, pyelitis, bed-sores, and pulmonary consumption are amongst the most frequent causes of death. Perfect cures are very rare, though sometimes patients may improve for a time, or the disease may remain stationary. Nutrition is not impaired until very late, and then its effect is shown first in the lower extremities. Muscular strength as such is usually unimpaired until a late stage.

With regard to the signs which are most common:—The tired feeling, especially in the knees and ankles, having a numb feeling associated with it, has been regarded as pathognomonic of early tabes. The sudden pains, which are usually described by the patient as rheumatic, affect more often the sciatic, anterior-crural, abdominal and perineal regions—and differ from rheumatic pains, in having paroxysms and complete intermissions, and in being relieved by pressure.

Another kind of pain is described as a tearing or boring pain. I have one patient in whom the belt sensation is well marked, but in addition he feels as if his left hypogastric region were as hard as a board. About one patient in five passes through his trouble without pain. I will mention one case of the kind which remained for some time under my care:—H.,

a native Canadian farmer, aged 40, has been married about 15 years, has no trace of any hereditary or syphilitic disease. His parents were steady farmers who lived to a good age and were always healthy. His own habits were good and steady. No distinctly exciting cause could be found, unless it might have been that about two years ago his house and barns were burned down during the winter, and in the following months he worked very hard and was exposed to a great deal of cold and wet. He had also indulged in excessive venery for the past 12 years. About 15 months ago he noticed that though he seemed strong he could not walk well; he could hardly walk in the dark, and even in daylight would stumble over any uneven surface. Going up stairs was difficult, and coming down was a great deal more so. The sensibility of the parts supplied by the anterior crural nerve on the left side was impaired, and he imagined that the muscles of that thigh were very weak, though to me they seemed as strong and firm as they should be. He exhibited in a well-marked manner the peculiar walk of the tabic patient. He had iridoplegia and sometimes dizziness, and if he stood with his eyes closed and his feet together he tottered until he seemed likely to fall. The patellar jerk is absent, and he has had a complete absence of pain throughout the whole of his attack, in this way differing from the great majority of tabics. I mention this particularly as it is the only case I have ever had in which the symptoms were well shown and in which a complete absence of pain obtained.

The reason he gave for seeking aid was, that whilst walking he got his feet so tangled together that he could not keep up, and so was useless about the place in attending to his ordinary duties.

The most important question, both to the patient and practitioner, is—What can be done?

“An arrest of the disease is possible, and though restoration of the nerve elements once destroyed is impossible,” still partial restoration of the functions of the nerves often takes place.

Of all drugs which have been employed perhaps nitrate of silver in gradually increasing doses has borne the best reputation in non-syphilitic cases. My belief, however, is that as