

the head, especially the temple, which was severe, and frequently kept him awake all night. On the 20th Oct., got out of bed and on his way to the closet dropped suddenly to the floor. Says he did not lose consciousness. Was carried back to bed, quite unable to move his left arm or leg. Speech was affected, and the tongue felt thick. On examination—Paresis of left facial muscles; tongue protruded slightly to the right. Complete motor paralysis, with flaccidity of the left limbs. Sensation impaired. Superficial reflexes on that side diminished. No change in optic discs and fundus. No enlargement of spleen. Heart normal. Urine contains neither albumen nor sugar. Was ordered Hydrarg. Protiodid. gr.  $\frac{1}{4}$  and Potass. Iodid. gr. x ter die. Pain in head continued, with insomnia, for some days, but then gradually gave way, and by the 19th Nov. is reported quite absent, since which there has been no return. Incontinence of fæces was a troublesome symptom during the first two weeks. His mental condition at first was very uncertain, wandering a little at times, and inclined to ask silly questions. He is now quite rational. The motor power has been slowly, but steadily, returning. He can move the leg about, and flex it in bed quite freely, but cannot yet stand upon it. He also begins to move the arm. He remains under treatment.

A recognized peculiarity of sudden hemiplegia from syphilis is that there is no loss of consciousness: the patient feels giddy, perhaps, and on attempting to rise finds that he is paralyzed. It is not, however, confined to syphilis, and cannot be relied upon as diagnostic. The antecedent continuous head pain, the degree of mental disturbance and the incontinence of fæces (which seemed rather mental than from organic lesion), and the improvement under specific treatment, have seemed to justify the diagnosis. If correct, it will be remarked that the case is an example of involvement of the brain at a very early stage, seven months after infection, for it is admittedly rare to meet with this until at least one year has elapsed, and, indeed, generally several years.

SENSORY DISTURBANCES—LETHARGY—MENTAL IMPAIRMENT—  
DEFECT OF SPEECH.

R. C., æt. 36, admitted 7th November, '85, complaining of numbness of the right side and difficulty of speech. On the 3rd January, 1883, patient had a sudden attack of smothering