

nized the nature of the trouble and advised him to consult a neurologist.

Examination disclosed an advanced optic atrophy with practically complete blindness in the left eye and almost complete blindness in the right one; unequal pupils not reacting to light, but reacting to accommodation attempts, marked Romberg swaying; absent tendon reflexes, delayed pain sensation; loss of sense of position and of movement; impaired perception of touch and temperature. Wassermann spinal fluid examinations were not made, as the patient was seen before the advent of the Wassermann reaction.

Paresis or paralysis may occur early, involving either a single muscle or part or all of a functionally associated group of muscles, or involving all or only part of the distribution of a peripheral nerve. These paralyses are usually transient in duration, recovering in a few days, weeks or months, and may be paroxysmal or periodic like the pains (Pitres), assuming an apoplectiform character. There may be a mere sense of fatigue, a fatigue out of all proportion to the amount of muscular exercise, this often preceding for months the onset of a definite paralysis. Of these paralyses those involving the ocular group of muscles are probably the most frequently affected. Impairment of the pupillary reflex, particularly to light, sometimes also to accommodation, is one of the earlier and most constant findings, the time of disappearance of the pupillary response being very difficult to fix, as it is usually absent by the time examinations are made.

Case 5. Male, aged fifty-two years. Denied syphilitic infection. About a year ago he began to suffer from more or less stomach trouble and was treated for the usual "indigestion." The following winter after the stomach trouble had existed about six