

leg. About two months ago this leg became suddenly weak, and his foot began to drag when he walked, and in two or three days he could walk only with great difficulty. The twitching of the muscles increased with the paralysis. He had no pain, nor had he any abnormal sensations in skin. With the paralysis urinary trouble came on, and also constipation. On August 11th last, he consulted Dr. Temple who prescribed a mixture containing iodide of potash, 10 grains three times daily, and since this time he says he has somewhat improved.

*Present Condition, August 24th.*—Patient is a well-built, muscular man of about 5 ft. 10 in. in height. As he stands there is marked tremor of muscles of right thigh, that of the quadriceps being most marked, but the flexor muscles and those of the gluteal region are also affected. This tremor reminds one forcibly of that of multiple sclerosis, and like the tremor of this disease occurs only on voluntary movement, the tremor being absent when the limb is at rest. There is also a tremor of muscles of leg when foot rests lightly on the floor. He can stand quite well on right leg only when he has something with which to steady himself, but while so doing the tremor becomes much worse. When he lies down the tremor is no longer present, but returns if he changes his position in bed or makes any movement with the leg, when it lasts about one minute after ceasing the effort. On sitting, tremor is violent throughout limb for a few seconds. He can walk a few steps without stick, but with difficulty. When patient is lying down passive motion can be performed without resistance, but a tap on the patella tendon at once causes an extensive tremor of thigh muscles. Knee jerk markedly increased, and ankle clonus present. No wasting of limb. The power of flexing and extending knee is much diminished, and the same may be said of ankle. He can move great and second toes slightly. His sensibility to pain and touch is normal throughout limb, but that to cold quite lost below knee. On the application of ice to this region, he says he only feels something wet touching him. (It was impossible to obtain any hot water at the time, so test for sensibility to heat was deferred.) Passive motion in right leg well imitated by the left, and he can recognize quite

well any change of position of his right leg (his eyes being covered). Examination of left lower limb shows the muscular power to be good, except as regards flexion of foot, which is perhaps slightly diminished in force. He complains of feeling of numbness in sole of foot, which sometimes feels as though it were being tickled, which causes the leg to give way when walking on it. He has an occasional tremor in the extensor muscles of the thigh, when he goes to do anything suddenly, but none in any other part of the limb. There is no wasting of any of the muscles, nor any ataxia. Knee jerk increased and ankle clonus present, but not so marked as on right side. He states he has a feeling of oppression on left side below costal cartilages on level with umbilicus. There is no abdominal or cremasteric reflex on either side. He notices right ankle swollen every night on removing his shoes. His urine, which hitherto he was unable to retain an instant after the desire to micturate was felt, is now improved, but he is obliged to go immediately the desire comes on. Micturition is very frequent. The pupils of normal size, equal, and contract to light. No deformity, pain, or tenderness along spine.

*September 1*—Sensibility to heat on right leg is markedly diminished, extending from line of knee joint downwards. On left leg sensibility to heat is slightly diminished. Sensibility to pain markedly diminished on right leg, normal in left. He complains of more twitching in left thigh. Otherwise as last day, except urine which continues to improve.

*September 9*—Sensibility to pain has much improved on right leg and foot. On the foot he says he feels a prick of a pin quite well, but the middle third of the leg is still decidedly analgesic. The same may be said in regard to his sense of temperature. On left leg and foot sensibility to touch and pain are normal; also to temperature, except in middle third of leg where it is lessened. There is less tremor on standing than last day, and right leg is somewhat stronger. Feet, cold and blue. Urinary symptoms continue to improve.

The notes of September 16th and 24th show a gradual improvement in all the symptoms. Soon after the latter date patient moved away and was lost sight of.

The treatment given was that for syphilis, to