

The gait is shuffling, the feet being dragged along, scraping the ball of the toes on the floor. Sensation is normal. Micturition frequent, five or six times by day and three or four by night. The pupils react to light and accommodation, and there is no change in the fundus. The thoracic organs and urine are normal.

In April, weakness of the arms, especially the left, with absence of the cremaster and abdominal reflexes.

In July, when washing, he fell down, but without losing consciousness, and was found to have lost power in the right limbs. There was also right-sided ptosis and facial paralysis.

Antisymphilitic remedies, both inunction of mercury and iodide, have been administered since his admission. Power in the limbs has been gradually increasing, and he is now able to walk fairly, but there is still ankle clonus and increased knee-jerks. Loss of power in the legs and, later on, in the arms, the urinary disturbance, and girdle sensation, coming on gradually, point to the existence of a chronic myelitis. There is no marked pain or spasm in the back or along the spinal nerves, as is usual in meningitis, and the absence of any disturbance of sensation also excludes the latter disease. The effects of treatment have not been very marked, and it is probable that any improvement which has taken place may be attributed to prolonged rest. The attack of hemiplegia, preceded by head-pain and unaccompanied by loss of consciousness, is the recognized character of thrombosis, due to syphilitic arteritis, and it may be remarked that this came on when the patient was under active treatment by mercurials and iodide. One of the most noteworthy points of the case is the early date at which nervous symptoms came on. It is not usual to find either myelitis or hemiplegia until after a lapse of several years, whilst here spinal symptoms supervened not more than eight months after the chancre, and hemiplegia in about sixteen months.