

the two. A careful lookout for tabes in the negro had been kept at the Orthopedic Hospital for twelve or thirteen years, and not more than three cases had been found; one of these was in a very light mulatto.

He thought that the blindness might result in a certain concealment of some of the tabetic symptoms: the blind patient, if he can walk at all, necessarily does so without seeing his feet; thus perforce he acquires some of the greater ease of motion and improvement in station which tabetics acquire by learning to execute careful co-ordinate movements—not that they have changed the diseased tissues of the cord, but that they use themselves enough better to conceal some of the symptoms of the disorder.

Dr. Burr replied that he did not believe that syphilis is the only cause of tabes dorsalis

Dr. Joseph Sailer reported a case of hemiplegia with astereognosis.

Dr. J. T. Rugh reported a case of hysteria simulating ascending neuritis. (To be published later in this journal.)

Dr. F. Savary Pearce said he believed this patient had neuritis with hysteria.

Dr. Spiller had seen this patient in consultation and had found a very serious condition of the left arm. The arm was much swollen. The patient felt tactile sensation at every part of the arm; when a pin was thrust into the skin she felt it as touch and not as pain; she had, therefore, dissociation of sensation. Knowing the great rarity of ascending neuritis, especially in the absence of pus formation, Dr. Spiller was exceedingly skeptical as to its presence in this case. The electrical reactions were found to be perfectly normal, except that a stronger current was required on account of the swelling. Within twenty-four hours after Dr. Spiller first saw the patient the paralysis had become complete and sensation was lost from the shoulder down. The pain, which had been intense, had entirely disappeared. He was convinced that hysteria was the cause of this apparent neuritis. A purely suggestive treatment was adopted and in three or four days all the signs of the supposed neuritis had disappeared.

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33. UN CAS DE PARALYSIE GÉNÉRALE JUVENILE AVEC SYPHILIS HÉRÉDITAIRE (A Case of Juvenile General Paresis, with Hereditary Syphilis). A. Saporito (Ann. méd. Psychol., 6, 1898).

General paresis developed in this young man at the age of 18. There was no particular neuropathic nor psychopathic heredity, but there were evident signs in the patient of hereditary syphilis. He was poorly developed, had an infantile head with Hutchinson teeth and other characteristic marks. He was always somewhat peculiar, but was comparatively bright up to the age of 16, when a gradual dementia began with general elevation of the ego. There were typical changes in his speech, fibrillary tremors of face and tongue, Argyll Robertson pupils, with inequality, epileptoid attacks, marasmus and death. The pathological findings were those usually described as resulting from general paresis.