

3. He married in 1881 at the age of 30. The following record gives the issue of his wife's pregnancies:

- (a) Six months' child, stillborn, March, 1882.
- (b) Seven months' child, stillborn; rash on trunk.
- (c) Eight months' child; said to have been dead for two weeks before birth.
- (d) Six months' child, stillborn.
- (e) Female child, at full time, apparently healthy; is now 5 years old, and is in the Royal Infirmary with disease of the ulna and tibia.
- (f) Miscarriage at two or three months.
- (g) Male child, apparently healthy; died a fortnight after birth of "collapse of lungs."
- (h) Miscarriage at second month in 1893.

The condition of the patient, then, before treatment, was as follows: Paraplegia absolute (only slight movement of toes), anæsthesia complete, nearly up to umbilicus. Constant and severe pains in the legs and feet; absence of knee jerks; paresis of the upper extremities; retention of urine; incontinence of fæces; four large, deep bedsores over the sacral region, so that it would be difficult to find a more unpromising case for treatment.

He was put upon a water bed, the bladder and bowels were attended to, and the bedsores dressed with boracic powder. Daily inunction of 3j of mercurial ointment was commenced on January 9th, and for some time antipyrin (gr. xv.) was given every evening on account of the pain in the legs.

A fortnight thereafter he could draw up his legs in bed, and every day further recovery was observed: the anæsthesia also was less marked, and gradually disappeared. By January 28th the retention of urine and incontinence of fæces had passed away, and the antipyrin was stopped because the pains in the legs were gone.

The bedsores healed rapidly, and were quite cicatrized about the same time. On February 10th he was able to rise and walk a short distance in the ward, and after time massage was added to the other treatment. He could walk a longer distance every day, although his legs were tremulous at first. By February 28th the grasp of the hands was much stronger, the dynamometer registering 36 kilos in the right and 30 in the left hand, as compared with 10 kilos on admission. He left the infirmary on March 13th, and before leaving he was shown at the meeting of Glasgow Pathological and Clinical Society. His recovery was perfect. He could walk as well as ever he did, and the knee jerks even had returned.

PATRICK.

A CASE OF CEREBROSPINAL SYPHILIS. *Deutsche Zeitschrift für Nervenheilkunde*, Vol. IX., Nos. 1 and 2, 1896. By Richard Cassirer.

A case of right hemiplegia with oculo-pupillary symptoms, headache and mental disturbance was shown by the autopsy to be due to cerebrospinal syphilis.

Intense degeneration of the intramedullary portion of the left trochlearis was one of the most interesting lesions found. Affection of this nerve has not been often noticed in cerebrospinal syphilis, according to Cassirer. The spinal root of the trigeminus ("ascending root") was degenerated. This was probably the result of meningitis. The fibres of this nerve at the point of entrance, as well as the motor and sensory nuclei appeared intact. The tendency of basal meningitis to involve certain fibres of a nerve to the exclusion of others—not infrequently observed in the syphilitic affections of the oculomotorius—was thus shown in the trigeminus. A lesion in the Gasserian ganglion, however, was not excluded.

When in tabes the spinal root of the fifth nerve is degenerated, the affection is usually bilateral.

SPILLER.