A Thesis

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By

John Hector Millar, M.B., M.R.C.S.
Surgeon Resident Medical Officier
The Hospital
Darlington.

On

Locomotor Ataxia

(with notes on cases)

This disease has been known from ages (a place) wrote (in
at a time (disorderly, because
it was noticed that person
suffering therefrom performed
some of their movements in an
orderly manner and if the
manual extremities being above
principally affected, this disease
is somewhat unfortunate for the
following reasons,
1. In a few cases the illness never recovers
2. In the majority it is a late symptom
3. In a great many cases it is
As very slight that it is easily
overlooked by the
Medical attendant e.g. in the
cases of Antecedent Disease
(one case) it was only when
attention was called to the
disorder by the Esoteric Signs
in one case; the Lightning-pain
like symptoms in the other,
that that slight incordination
of motion was observed; then
only on testing it very carefully
since the term itself, Drake's
just applied to the disease.
Why Rehnberg would appear like
a less distinguishing character;
but as this has been rescued
to denote various lesions of
the spinal cord, perhaps Rollier's
Esoteric Reflexes would,
in the present state of our
knowledge, be the better putting
assumed. That being the essential
and chief lesson gained on O.M., some
suspicion might also be taken to
this since it amounts to the
theory that it is a Reflexion, but
if we simply intend it to denote
a tending to the result of the
peripheral or connecting 
nerve elements, laying aside
all theory as to the formation of the
I cannot see that any exception can be taken to the above designation of the disease as now called 'excoriator ulcers.' Some writers look upon ulcers as invariably the result of a preceding inflammation, and commonly Chronic, but as this is lacking I feel no reason to adopt it. The CDCL, of course, is an argument against the above designation. This absence did not escape the well watchful eye of others, who attributed it to excessive sexual intercourse, but for its pathology we are indebted to Clarke, Eichhorn, Rotermund, Nash, Rider, Buchan, to abroad Dr. Todd, Granger, Stewart, Appell Robertson, Sull, Lockhart Clarke, Allick, Emmett, Buzzard, and in the Country, for its treatment, to the following order:

I. Pathology
II. Clinical Features
III. Causes
IV. Diagnosis
V. Progress
The lesion usually commences in the lower dorsal or lumbar region. The posterior column (sensory) and columns are almost invariably first affected, but as the disease advances, the motor column also becomes involved. In the cervical region, the lesion is usually limited to the posterior column (sensory) column, representing the sensory fibers, and degenerates accordingly to the following of the posterior column down the cord. It occasionally affects the posterior column in the thoracic region also. The characteristic symptoms of the disease, hence, are described conveniently. They have been observed in the upper extremities (see case of 

B [illegible])

If apparently primarily affects the dorsal columns. The corresponding parts of the nerve cells themselves essentially of a breaking up or disintegration. Consequently any of the true nerve elements leading to an apparent increase in the connective or fibrous tissue, here
may be carried and give the certainty of its real cause (see volumes 50-57 of The Lancet).

If there is a distinct column, it may be said to extend.

1. Along the Medial Column
2. " Corne
3. " Anterior
4. " Clarke's Column
5. " Lateral Columns
6. " Posterior Roots

Chapman, Days (1st, Nov. 8th, 1871)

It is a primary chronic influent, in which most evident features are hyperemia and fibrillary exaustion of the nerves, taking place in the presence of the nerve elements or preceding effects in parallel cases with the destruction of these elements.

Since we cannot pretend that it is an inflammation, it would seem that in the present state of our knowledge we have not had some strong evidence in favour of the theory of a so-called irritation lesion. The result is, apparently, of a deficiency of blood in the part of the cord affected, partly cessar, as in the congestion which always goes to...
Initial stage of inflammation; do observably mean and have failed to notice the result of wounds of the nervous system, for in cases of fever, delirium, convulsions, etc., it is not certain that convulsions result, it appears to me therefore probable that the symptoms in the above case are the result of an irritative lesion of the cord, my reasons being that the majority of the symptoms cannot be explained as in other conditions; they should amount to quite well one day, for the rest of say 7 days nothing essentially occurs, quantities of cold tongue removed, then for a week probably he apparently well; why should the times come on suddenly in another? Please just as suddenly? why should all the events not proceed gradually from bad to worse without remission of the lesion of the cord? Why due to a chronic inflammation? In a large proportion of cases there is a syphilitic history (diureter) that it is corroborated by xerostomia, etc., in the general subject of the history of delirium, convulsions along the course, or body of the system with other indications peculiar to the case.
Dysarthria may be due to some primary, probably degenerative, affection of the blood vessels supplying the affected portion of the brain. Is it not likely that the causative factor were elements already primarily affected and subsequently become affected without ceasing that it is the blood vessels supplying these brain sections which are first affected? It would seem somewhat improbable! reasoning by analogy analogy of any part of the human body in due to others.

1. An affection of the trophic nerves or ganglia e.g. Sympathetic. Alteration of the difference in the amount of blood being conveyed to the part e.g. the cardiac muscle when the coronary arteries are diseased.

3. By direct pressure e.g. in closure of the sphenoidal sinuses around a small group of vessels. When fully pressed, contract. Cause, apparently, atrophy of the dependent cells by direct pressure.

How in Alopecia we have an affection of the grey matter (substantia) which is the seat apparently.
we can ascertian at what stage
the Dr. Post. meningitise, osce to it
will enable us to say that it
does or do not commense
in Dr. Post. meningitise, the
first case in which there existed
symptoms of Dr. Post. meningitise
when certainly ast occurred
at the commencement of the malady.
therefore, since that the colion of
the Encephalit side effect, then
post commense or Post. meningitise.
The case for small back cases
there is a distinct history of
nailed pains for years before
the spinal rigidity was noticed; it
may be well that I should
make a brief allusone to the
most interesting of the cases;
the pains commenced 8 years ago,
soon after the pains became
well estalished typical osteo
Cereus commense. I have continued
about every 3 weeks with the
present time, knee gick is absent
in both legs. 

[Additional text not legible due to handwriting]
Small Court had been present last at this time (3 months since) the Exhibit came to me with the peculiar regularity of the spinal column, characterized by probably 3358. Remington's great pain was caused by concussion and the design processes especially in the lower thoracic - dorsal regions, the pain was quite abrupt when not present lying in bed, but immediately on rising the pain always came this but it does not have the characteristic fluttering character, it is of a nature which resembles the local curvature over the patient's back, his suffering hence to the lowest posture in kneeling on the ground, with his buttocks resting on his heels this face between his knees, and his forehead resting on the ground, can why should the patient face him? it appears at admit of an easy estimation of the position of the legs by a saddle of Remington pointed to the dorsal curvature of the cord, for if in the skeleton at once I go to get it fifteen to represent the spina cord, this condition, it would be readily seen that if the spinal
Column is now manipulated in such a way that the normal external anterolateral, curvature is increased, so as to be thrown into the position which any patient assumes, the spinal cord (exposed by the rifle) is drawn forward in such a way that the anterior surface of the cord of the only surface of the spinal canal are closely appressed thus leaving a space at the back between the frontal surface of the cord and the post. surface of the canal; in short removes all possibility of presence in the inflamed space the meninges.

Extension of the spine, in the transverse plane, takes place outward towards the posterior cornua or upwards towards the median columns; vertically at length progressively from the dorso-lateral to the cervical region given into the restiform bodies of the medulla oblongata. The median (scolic) columns usually become the seat of an acceding ascending lesion.

In addition to the above described changes there are Changes in the body generally the result of the spinal cord lesion.

I. Atropic Atrophic Atrophy

First described by Prof. Charcot.
of Tumor. Atresia in some cases
of entology is that of a very active
but these characters does occur special
action should be especially mentioned.
1. The predominance of wearing away
over the production of any bone,
especially in recent cases.
2. The frequency of bone laceration.
3. The entire absence of outgrowths
of bone as seen in Chronic Rheumatic
Arthritis.

As to the situation of the particular
section of the cord in which this
articulation takes place is not yet
clarified, nor does it always precede by a very short
time the motor involvement it
would appear to be probably
situated in the first or second
matter or of the Cerebellum between
the 2nd part of the cord, but
reasoning from analogy would
appear to indicate the former
since the typical influence of the
grey matter of the 2nd Cord must
not for this proof than a mention
of the disease connected with it
includes thereof, i.e. Infantile
Paralysis, Infantile Paralysis, Atrophy
and Affliction, etc. Subacute and Chronic.

II. Pathological Changes in the Skin
have noted marked pigmentation;
also in two cases eruptions

III. In the Bladder & Kidneys
Viscerography, usually
Cystitis & Surgical Kidney.

IV Obstructive throughout the body
Hence uremia suddenly occurs towards the end of life, resulting probably in almost cases from the absorption of acute matter from the Cystitis.

Clinical Features
It will be convenient to divide the disease into three periods
I Acute
II Established Disease
III Systemic Disease

I Period of Invasion
Duration is very variable but may last from 4 - 15 years (Chronic).
It is usually characterized by
A. Lightning Pains, usually affecting the legs, headache, pains usually affecting the back but often affect the limbs. These pains are extremely terrible while they last, have appearance so usually sudden, patients liken them to shock-like electricity, "long" "sting" or "sharp": almost somewhat intense at night. Their anatomical etiopation is a release of the posterior lateral columns (Cord) in the lateral region of the Cord most commonly.

Back pain, are sometimes complained of they may affect any
Part of the body, the "head" or the "sac" (regarding the diaphragm cartilage) to
which the bladder are very PAS
the origin of these, though according
to Charcot the inferior extensions
are always affected by preference
which naturally suggests for since the legs of these occur
supply from the lumbar region
which arises from the number
above dorsol region of the Spinal
Cord, the part least commonly
affected by locomotor Ataxia.
Kinds of pain usually first along the course of a nerve
may produce an eruption (or
at any rate the eruption appears
as the same time as the pain)

The restle pain are very characteristic
but are also noticed in many lesions
of the Sp. Cord; in all these cases
I have seen (excepting are only)
the locomotor ataxia Complained of
a sensation as is caused by a
cord tied tightly around
the body, of momenta duration,
but painful in the extremity,
the Cord of the intercostal vessels
are eventually not followed in most
cases; here is not usually the
complete intermissions of these would
pain as the true with the other

Vesical pains affecting the median
bladder, "weakness" are often complained
of, all these are distinctly apparent
in the case of cystitis, but they only occur as accompaniments of the uterine crises at which time all may occur or one only. The pain in the region of the bladder is usually severe during the crises. The pain in the rectum becomes exaggerated four months after this and very rarely absent; the pain in the meatus is usually localized in the prostatic portion.

In all forms of these pains the following general characteristics may be noticed. (Cf. Lefèvre, vol. 2.)

1. The pain is frequent.
2. It is repeated at varying intervals.
3. Sometimes intensity during the night.
4. In the mornings the pain is less.
5. Porousness returns at varying intervals.
6. It may occur in all three.

The anatomical extinctions of these pains being a sclerosis of the Prostatic Column. Columns it is evident that they will occur also in correspondence these columns are invaded during the course of other lesions of the bladder, e.g. Denervated Detrusor, Prostatic Paralysis, Chronic Eclampsia, Partial Eclampsia, Proctodaeum, Rectal Incision, but that are almost if not invariably a constant symptom of Rectal Atrophy. Many amputated patients describe how to after they are often treated as such overlooked. It to the frequency of occurrence. Lefèvre says "In pathologic der. Colas"
Orsal's Annals Archiv für klinische Medizin (1879) presents 37 out of 56 cases. Deutzard also makes an analysis of 57 cases; it was only completely at war's end, in one instance the symptom had occurred but the patient had not the usual constellating character.

In the case of Wilcocks the constellating symptoms is commonly noticed, in the area corresponding exactly to the cutaneous distribution of the Trunci Accutal nerve, in fact, eight or 9 feel inclined to think this it may not be why should it be? the T. Accutal is the anterior division of the first primary branch of the external carotid nerve, hence to a certain point a cranial nerve, this being affected, is the most probably the lesion of some action affecting that part of the Central Cord, whereas it later its origin.

Why should these pains occur in Aromatex? But Chase's Defends beyond doubt what we might subject it to find in any. viz. Discharge of the posterior spinal clines, but what relation does to the cause of the pains? Is it a cause or the cause of the pains or is it simply a consequence of the pains arising it appears in the track of the coro which conducts painful sensations?
The hypothesis which I would chiefly leave to advance (see to the cause of their pain) which appears to me to account for & correlate most of their general characteristics, the following— that they are due chiefly to the anaemia or diminution of the axis cylinder of the nerve cells which probably precede. Causes the destruction partially of these nerve elements whether the anaemia is due to an affection of the veins or arteries of the vessels themselves or not. As the anaemia is not complete absence of blood it recalls our primitive condition of the parts so affected which is transmitted to the brain as a painful sensation referred to parts of the body from which painful sensations are transmitted via the affected part of the Sp. Cord. These pains are exceptional and complete disappearances does the fact point to the impression that they are due to some such cause as a temporary change in the circulation? If for this then came in & cease quite suddenly the apparently to that fact that the change in the circulation is quite sudden, I thought about the course of other parts, or centers, & both of which are invariably more or less off color. This is probably due to the fact that during the day the
Correlation is more rigorous, that may therefore be least tendency to symptoms of my part of the body. These pains resemble ones markedly that observed in cases of Neuralgia, this is specially noticeable when the eye of my portion of the T. P. area is affected, denouement by analogy is there not likelihood of a similarity in their causation? Neuralgia is undoubtedly an affection due to malnutrition or anemia of the area or areas affected, except areas being most commonly the neck pain because in all probability they are especially sensitive to any alteration in their nutrition. Certain tests may be an exciting cause of Neuralgia in some cases, but nowhere myself had the most intense Neuralgia with not a single Carious test in my body. This very long time of days they are meet with also have their jaws fully stomat for Carious test that will never have had Neuralgia in any form. In my own case I am never attacked unless happen to be in "a state of" that almost involuntary ward off the attack by commencing a course of treatment in some of the circumstances in the region of the right side of the maxilla; or in the T. P. just below the orbit, which in any case always precedes a premonium. In Neuralgia people never die in the
attacks less even if it were possible

to remove the edema & the affect

some PM; it would affect from
the few examinations made that
Hyposmia has no definite pathology.
The lumps probably help that the

desired diet nutrition does not last

sufficient long to cause any
anatomical change discernible by
the aid of the highest power of
the microscope.

These pains are always essentially
the commencement of the malady.

In the above argument therefore I
have shown the theory that the pains
in Scarc. Center are probably due
to an irritative lesion of that part of
the Cord as apart for the conduction
of painful sensations to the brain;
the result, was probably, I see
answered or contradicting of the true
sense element

B. Temporary Local Paralyses,

usually affects me or only the

Truncal nerves. Here may show

themselves on Peters (Paralysed part III)

Painful Sensations (II Part 3) 72%

It seems highly probable that these
local paralyses are due to a change
in the ray Cylinders of the special
nerves themselves as demonstrated
by his Clinical Cases by Dr. Green.

Shaw's State Reports 1877-1887

in the case of a patient who died
of Pneumonia (an accidental complication)
(Pernicious Paralyses) in March
Ethnic: Royal Infirmary, the lesion in this case was a peculiar cardone swelling of the ankle, cuboid, the 5th, 6th & 7th toes were healthy, showed no lesion. The symptoms were those of a peripheral commencing in the foot and gradually extending centrifugally. My reasons for regarding these temporary paralysis as a change in the nerves themselves are
1. They completely disappear.
2. There is no evidence of a lesion of the spinal
3. In the case of the 5th & 6th one harm may be more affected, e.g. in one case where the forepart on the left side was evident, on the right it was not.
Movement of the eyeball preserved when in other cases the right of the nerve cannot be as fault nor can there be any central lesion or a least of sufficient gravity to interfere with the performance of motor impulses to the unaffected part of the nerve.

Now what is the probable cause of this lesion of the spinal nerves on the left side? Why should they completely disappear?
It would seem likely that the term "lesion of the spinal nerves" is incorrect, which when affecting the sensory tract of the 5th, 6th & 7th nerves gives rise to pain for marked delay in the continuation of painful sensations from the forepart only probably due to the fact that the 5th.
The inner cylinders are not affected, but the ordinary route being blocked (such tracts having to be made available) when it affects the inner cylinders of a constant nerve process, complete paralysis of that nerve and in nearly all cases have watched the crisis or symptom has come on gradually. This disappeared just as gradually from this it would appear that the inner cylinder gradually loses its power of conductivity after being deprived of the blood; that from some cause, probably a change in the circulation occurring to the Two Motor Nerves, the means of nutrition becomes again available and the inner cylinder completely regained.

It was first demonstrated by Prof. Bangert Stewart that these paralysis are often aggravated or appear for the first time just after a Gastroc Crisis; this suggests the likelihood of a common origin, both may be due to the irritative ulcer attacking the root of the vague Pemi-nervorating some part of the Two Motor Centre.

C. The Eye Symptoms
   Amblyopia, Contracted Pupil
   Congl. B. R. Phenomenon, Optic Atrophy
   The muscles like the Strabismus
Where are due to the local temp.

Amerikl phenomena; why is the pupil contracted? why does it readapt accommodation but not to light?

The pupil is under the dominion of two antagonistic mechanisms for a contracting mechanism releas in the W.S, P. being the effenter, the optic as the effenter tract, and with a centre in the Corpora Quadrigeminis, the other an dilating mechanism.

Tone in extenso is such to cancel sympathetic in the effenter channel.

When the W.S. is able to be divided not only does the pupil come to contract but active dilatation occurs in account of the tone dilating influence of the sympathetic being left free to work. The contracted pupil appears to be due to a deficiency of the sympathetic fiber or center in that C. S. S. S. Region withdrawing the tone dilating action.

Leaving the reflex contracting mechanism free to act, but this contraction can be temporarily overcome by the strong reflex action (accommodating for a distant object) passing down from the centers to the reflex center in the Corp. Quadrigeminis, exciting the sympathetic above this lesion, operating its power of contracting more intensely by this part.

In some cases the intense contraction of the pupil is more than the above.
One of the arguments can explain and on a certain fact. The nervous mechanisms regulating the size of the pupil are not to enable as at first sight appears part of III to move the dilatation of the pupil occurs but on injecting sympathetic producing some dilatation, actually showing that the trophic acts on a separate mechanism "probably situated in the eye itself" (Richard Foster Phys. 2nd Ed.) now of the peripheral part of the divided III, nerve be stimulated contraction. The pupil reacts but this contraction can be increased by stopping the urine, it is probable therefore that the intrinsic contraction is due to an affection of the local ganglia. The Argyll Robertson phenomenon is apparently an example of the absence of a reflex in the brain; now for a reflex to be properly carried out these things are necessary an apparent center, an affective nerve or a reflex center, for the reflex to fail me only three structures need necessarily be affected; in this case the effects are the affective, or in the affective, the center situated in the Clauvus (Readingmn), now to the pupil dilates. Contract when for any object is looked at respectively the III & R. The sympathetic (afferent) must each be called into action by the action of the will, if not, as
the centre of contraction of the pupil's muscle also be called out with act by the act of "accommodation." The centre of R. The sympathetic can be eliminated or one or certainly another part in causing the absence of the pupillary reflex. The case should therefore be sought in the optic nerve itself. Dr. Bromwell (Ophthalmic 228) says: "The destruction of the pupil reflex is probably due to a lesion in the neighborhood of the Aqueduct of Sylvius independent of the Cord lesion." This seems to be a pretty hypothesis but we are driven to believe a lesion in the brain where we have no further evidence of a lesion. Dr. Bromwell goes on to say that the phenomenon seems where the sight is normal, where therefore there can be no affection of the retina or of the optic nerve between R. might this not be equivalent to stating that a heated test tube placed over the calf is perceived as a heat sensation though the optic nerve is normal? It will conduct sensation of cold, pain, touch, etc. might there not be the central fibers of the optic N conducting reflex impressions to the proper center which may be reflected through the vision in (slightly affected) normal to the not all even Sense of Optic Atrophy (especially if only one eye is affected) where the patient declares
He could never see better in New York. Reasoning from analogy, it is not highly probable that these reflexes are all affected in the same way in different sides corresponding to the part taken by the optic N. in the visual reflex.

The imperfect visual defect depends partly upon the contractile fibres of the retina; if applied, the latter dilated, the defect is improved; but it also depends on atrophic changes in the retina or optic nerve.

The progressive optic atrophy or progressive grey attenuation of the chiasma is, when present, an important symptom of the disease, as it tends to complicate the sight of the patient, thus gradually weakening the sight of the patient, even long enough, if the patient becomes blind which in particular, is particularly unfortunate unless the poor sufferer having lost the subocular sense of after in addition the visual sense, the eyes are the only guide to the relation to external objects. Given the position of his legs in locomotion, on an instance of how ineffective these patients prefer to be on their eyes. Wilcox (the nib) can manage to shuffle along by day light but cannot take a single step in the dark; he cannot even see his shoes in the dark, whilst an inmate of the hospital fell out of bed with his right arm twisted...
Behind this back there was, in his position she lay for one hour quite helpless having one eye evident as white and the eye was not the found the arms of the bed directly.

This important symptom is for from constant, of any cases which have some under any notice and only too it becomes present, both eyes being affected in 4 of those of the four the process appeared to be in the corneal stage 3 in both eyes, but in the remaining two the same if one eye appeared distinctly white else transparent then that of the other, it will be seen therefore that there is a strong point of evidence in favor of the suggestion that as a rule both cases are not at any rate simultaneously affected. As to the time at which these cases are usually it appears that in some cases we may be enabled to "force the advent of common Atrophia by the optic atrophy" (Kretser 1877 p. 38) sometimes for years before the other symptoms appear at page 34. He lists a great majority of the women who are attended into these years or afflicted with anoptic blindness come or later present after admission some or less marked Creepers of Atrophia. The pathology of this symptom as described by
First: Chrest in his following
account gives information
of the Nervi, commencing
within the periosteal connective
tissues of the central part.
Perivascular tracts are sometimes if not
invariably affected with the Cerebral
Dementia. This (Chrest's) opinion
that first in the optical cord the
deep center to the eye involved
is first
affected with the Cerebral Dementia,
It is in fact a kind of Cerebral Dementia.
Abnormalities especially of the
pupillae or change in form or duration
of the vessels are still well known. The
veins appear to be only a kind in
the dark; but because of the disappearance
of the medullary cylinder the pupillae
are caused to the transmission of
A finely acted. After an
extensive embolism in the
field of view. Almost important
from this is been noticed by Chrest.
Chrest that embolism of the
arterial centripetal return gives rise
on the long term to the characteristic
appearance which cumulate those
of the totistic pupillae" (Wet 87 P. 41.)

does they not throw important light
on the causation of the Cerebral Dementia
of the lesion of vessel affected? it
would seems to strengthen my hypothesis
that the atrophy of the optic cylinder
observed is due to a shrinking of
their innervation. These eye symptoms
and in a Dramatic point of view.
Incredibly valuable as shown by Clarket (1857) & Grayer (1847) the short eruption of fever in the few cases observed has been the chief Robert Wilson for it was present in 18 cases out of 24 cases which passed the acute state; hence the period of the disease at which the latter symptom usually takes its formidable aspect is extremely important, as in 60 out of my vast cases I was only enabled to make one observation in 6 of the 55 who had acute attacks. In 15 the disease was perfectly normal, 9 of the 6 affected all had suffered from the lightning, and in combination of witch during years the symptoms had (according to the patient's account) in every case there has been an apparently recent complication. In regard to the remaining 4 cases of which there were reports of means (some on the stage of absorption, some in the stage of established recovery) the true cause is not as simple as it is, and the one case of which the encephalitis is very unusual the case of both a child of 3 years.

Prof. Chlareston considers this to be an early symptom, but from the above statistics it will be seen that in the cases there has had the opportunity of examining those have certainly not been the case for out of 24 cases.
it seems pretty clear that it must have been absent during the first few years of his disease or at least 23 years, but I am quite willing to admit that any difference does probably been exceptional. One might feel inclined to doubt any possibility of using the left hemisphere both sufficient precision, but the fact that two years ago enjoyed the unequalled opportunities which afford by examining the subject during the whole of the time (vacations excepted) worked at the left hemisphere at least two days a week under Dr. Angell Robertson, should exhibit a sufficient guarantee especially when compared with the fact that after atrophy especially of the right hemisphere, is easily recognized.

"Absence of the Knee jerk" is almost universal in the aged; even it is present in 22 out of 24 cases from P. But a reflex I some doubt the fact stated in his opinion that it is a simple menace reflex shown. Woodhall, who first described it, said it is due to a direct excitation of the muscular fibers through the sudden stretching they undergo when the tendon is touched; but if it is not a reflex contraction of the quadriceps why is it that in a great many cases of tetanus, at least where the knee jerk is quite absent, yet no tapping
The belly of the muscle is a complex mass of contraction fibers. Are we to suppose that sudden stretching of the fibers of a muscle fazes to cause a contraction, whereas a direct shock succeeds? The latter is distinctly denied by the fact that in many of the cases of tetanus where treatment failed, succeeded in attaining only half the ischemic color seen in the Rectus Fem. Tens. In addition, the normal knee reflex, the contact between the two, one being a mere wave of contraction, the other a sudden complete contraction of the whole vastus group, being very marked indeed. If there is an obstacle in the action, why is it that tapping the other tendons in the body, e.g., Biceps Brachii, Triceps Brachii, Semimembranosus, Semitendinosus, does not produce an contraction in the respective muscles when the patellar reflex is well marked? What has the hypothesis that it is a reflex can explain the fact that in lateral sclerosis if the tendon of the femur is even the cutaneous side above two to three miles below the junction of the patellar tendon, the tendon is not excited by the patellar reflex. It being a reflex therefore what
is its cause? Only about 12 years ago, the first idea entertained was that it was a skin reflex, but if a piece of skin be rubbed at some distance from the place, or if a piece of skin be strongly rubbed, the reflex is still as perfect as before, as the skin can be left out of account. It is suggested that it is due to the extension of the tendon ending some distance distal to it, with reference to St. Peterburg, seems to prove very forcibly that the reflex should be ascribed to the common filaments being irritated, which are distributed to the cutaneous nerves of the muscle.

What sort of the reflex is a cause? The nerve and its center are for all the muscles can be thrown into contraction by the will, in all probability it is not the center which is at fault for the following reasons: All the special reflexes hitherto described are excited in the grey matter of the cord, which is usually unaffected. Then, as the point of origin being in the afferent nerve, say, the muscle sense about whether insensibility, painful sensations delayed, &c. We are therefore thrown back on the question of the cause of the absence of the cutaneous tendon reflex as this phenomenon ever absent.
in health? Breast disease will
in instances, of any own
observations on healthy men, it would
appear that its absence was the very
same apart from women. At any rate,
for out of 4,400 male patients treated
when treating for various maladies
at this time (by myself) during the
past 15 months, in not a single
instance have I found it absent
without funding at the same time
the following symptoms, although in
a great many the reaction was slight
that it was necessary to take the
skin tests very carefully.

The electric crises often immediately
precede the setting in of the next
stage or that of established disease.

Later it will be described later on.
II Stage of Established Disease

Sets in usually with local evidences of irritation especially of the legs of the patient, known carefully and systematically examined the following will usually be found.

1. Lightning Pain. This may be associated with changes in the weather, but are always worse during the winter season; it is usually the legs, but are often noticed at the epicondylar area.

2. Initial Pain.

3. Irritation Tenderness, especially in the feet and legs.

Sensibility is

...Insufficiently affected.

Fluctuations are unknown. Insensitivity to 

Pain may be unexpected but usually delayed or lost.

Muscular Sensation. Impaired rate of 

Conduction often diminished.

Light tactile symptoms (see book)

Hearing the changes are usually uni/lateral. Spectacles (without lenses 80-81)

Of 24 cases 19 show the results 

Of pathological changes in the parts 

Tabula of the VII Posterior (or one of the pairs) or other causes 

improvement of hearing, in 7 of these 

these were found in examination. In the
a perforated drum. In some cases of the conductive apparatus or even of the true inner ear deafness might have become superadded and the symptoms of deafness could not be attributed to this cause. In the remaining cases the conductive apparatus was normal as could be ascertained by ear specula. In careful examination, normal, they had therefore nervous deafness worse or less marked. In 1 of these no connection between the cochlea and the deafness could be traced for in such cases it had commenced in early life and been quite stationary since. In the 3 cases that could be accounted for there was every reason to believe that the auditory nerve was affected with the neural affection of some of the cranial nerves in the deafened. The conductive apparatus was normal, in all 5 cases the deafness was progressive, in all it was bilateral although in only one case was it bilateral. In the four cases where the affection was not bilateral it was a curious coincidence that the ear was affected on the opposite side to the one of the body in which the ears were least severe.
Motor Functions.

Organic Reflexes frequently affect Bladder troubles due to:

1. Involuntary the neck 
2. Deficient action sphincters 
3. Deficient controlling power 
4. Failure of coordination 
5. Changes in the mucous membrane of the bladder; changes in the urine, the former probably being the cause of the latter; it seems likely that both may be related to the interrenal glands: organisms by the catheter; the pressure may extend upwards to the kidneys; this pressure is usually due to the presence of the decomposed urine in the bladder (of the kidneys) but with a normal condition of the valves (or valve like furrows) guarding the entrance, the urine into the bladder, it is impossible to produce C.M. for augmentation by distension of the bladder by the injection of water; one naturally asks to what then is hydroscopy? But it is easy to account for this without the augmentation theory for it is evident that with a fully distended bladder no amount of urine can pass into it; the valve is therefore closed by the intra vesical pressure as the urine cannot flow from connection to the kidney, being secretory as long as the pressure on the cranial fibers of the kidney is
so less than the blood passes in the renal vessels. The question can be 
the absence in the tendency, seems to be the direct absorption of cystic 
bacterial from the secretion of the bladder. The passage to the tissues by the abdominal. Even if the 
issue could account for the kidney, we have no evidence that 
absorption could or would take place for if the secretes of the kidney 
is an abnorabt cutance why are not these constituents of the 
organ absorbed which generally 
are more porous.

Inhibiting the capacity of the 
orirca, reducing the stability of the 
membrane, thus affording 
exciting center for the bacteria 
introduced apparently by the 
secretion. The ducture to which is 
the starting point of the cystitis 
for the bacteria apparently set up 
Inflammatory changes in the tissue 
whereby the micro becomes PH3 
(Ammonia) OH2 (water) CO2 built, 
thus forming a burning irritating substance 
abundantly might measure the 
dickness of the bladder by irritating 
its walls of the urinary.

Skin Reflexes alterations are 
associated with the state of the 
Glaucoma function, in other words the 
affected organs as usual.

Tactual Reflexes. All diminished 
usually lost.
Voluntary Motion

In the past affected and usually the lower extremities, there is an evident marked failure of the coordination. The patient usually complains of having fallen over the train or whilst dressing. This often appears at a time when the patient is not in any sense in a state that the ordinary methods of detecting it is to make the patient walk on a single plank on the floor which should be placed wider than the soles of the feet or that the foot are planted close in front of each other in a direct line, so as to reduce the cause of support to the narrowest possible limit. The ordinary test failed to show some incoordination of movement, even the calisthenic test failed to show any incoordination of movement that might greatly be considered abnormal in a man who had not practiced the method of locomotion, although there is lightening pain had been present for years, the chief symptoms (especially the gait and Rotation phenomenon) were distinct. She consulted one as to the Cause of his feeling his legs as if put to motion in running a crowded street quickly if he thought anyone was looking at him especially now the patient, although he could walk on a single plank on the floor he could not trust himself to cross a river by a plank for he felt same he should
fall into the stream, it would therefore appear likely that anything, e.g. the fact of being under excitement which increases the nervous irritability of the patient lessens his power of standing examination. The eyes being closed the patient sways about or falls: this may be a symptom of the patient "when working I stumble now the brain", why should this be? The chief cause would appear to be the loss of muscular control for the following reasons:

1. It undoubtedly occurs, as often a prominent symptom when the Cerebral Centre is unimpaired and the correct position of the body is accurately maintained by the balanced action of certain muscles acting antagonistically on opposite sides of the body, the Cerebral Centres are kept co-ordinated by the amount of contraction of the opposed set of muscles chiefly by the muscular sense, hence nature has provided a wonderful method of "learning the higher centers trouble" or if not by making provision for the rectification of small deviations from the Center, by a reflex action. The apparent opposite being apparently that of ordinary sensation (in which the sense sense0 occurs, the
nerve 2 of ordinary action, with a reflex center in the spinal cord. Therefore, when e.g. we lean over to the left side, slightly the muscles on the same side are released whilst those on the right are put in by direct sensory impulses to nerve fibres to the coordinating centers in the spinal cord by the nerves conducting the muscle sensory impressions, when the deviation is at once rectified without the intervention of the higher centers. Before the center of gravity passes beyond the base of support, that is, as the muscle center is virtually about to pass over the center, the impulses a longer way to the spinal cord indicates that the higher centers get no indication of the true position of the body until the equilibrium can become unstable, that the C.G. remains too far beyond the base of support, when the condition is detected by cerebellum or the semicircular canals of the ear. The patient makes a voluntary attempt to counteract the tendency to fall.

3. The motor nerves are usually normal at the center of coordination is over probably situated in the gray matter which is unaffected, just as here is no evidence of an affection of the coordinating center for all
The motor impulses pass to the right hemispheres of the brain by way of the nerve-tracts of each side. At the junction of the two sides, there is evidently no reproduction of a vague impulse.

The above statement is my reason for believing that the mechanism of coordination of motion is thrown upon some by the absence of one pedal, the normal conduction of the muscular sense

The patient as peculiar, the patient preserved a peculiar attitude of his legs by coming a street or two to find that he is unable to walk in a single plank. On an occasion that lesion affects the frontal nerve roots of the claustrum, the foot is raised from the ground, Ilearned precipitously forward, the toe the raised, the heel correspondingly depressed, the whole limb is then brought somewhat. The heel planted on the ground with a thud. The patient lost his footing instantly during the whole process which is carried on with an obvious determination.

In attempting to sit down, the knee joint loses some commanded that the buttocks come violently into contact with the chair or stool, now why should...
This occurs? What is the cause of this trepidation or uncertainty of the voluntary movements? It is surprisingly put down to a loss of coordination by which is usually meant a lesion of the coordinating centers in the brain, but we are evidently not driven to this conclusion! For if the movements of an active person are studied, it will be seen to bear a striking resemblance to the precipitation of movement seen in a young child; the analogy being due to the fact that the child has not yet learnt to estimate its muscular forces nor to use it coordinating centers whereas the active person has lost his muscular sense through disease which throws his coordinating centers out of work or use; hence the child chutes at the same speed as is never yet learnt to estimate the directed accuracy by the exact amount of contraction of the muscles causing the eyeball to direct by the cerebellum muscles to accommodate for that distance the locomotor centers on the other hand defy his feet to run straight at the far forward, thanks to his head in the ground for with a limp he keeps the balance of balancing the exact amount of
Curvicular contraction required, that they may settle down on the floor as the knees are slightly flexed down to gain with the floor, because certain abdominal fibers being paralyzed tend to coordinately stabilize one's work so that he is quite able to relax the extensors of the leg on the thigh of the abdomen with sufficient abdominal muscles to act down steadily.

There is usually no want of power in any of the muscles in this stage of the disease as was well demonstrated to the Clinical Class by Dr. Krugman Stewart in Ward XXV E.R. by lifting 80 - 87} lbs. by allowing a lumbar atelectasis to carry the weight of the paper on his back for some considerable distance. Due to the Motor Nervous System's state there is quick action. Heart Rate of 70 - 100 (Claret)

Due to the Caudal Contractile of the muscles producing an army of the skin, the symptoms seem especially well marked during the Claret of the course suggesting that the Claret is in some way intimately connected with an affection of the Vasa Nervi Nervi.
In the latter stages, delirium are very common.

...process extends to the skin, mucous membranes, and nervous system. The special symptom to be looked for is - that of the nature of nodby activities, but undoubtedly a lesion produced by an affection of the skin, lymph glands, etc., is produced in not a few cases. The localizing of these cells or centers does not yet seem made out. J. B. Buryford considers it likely to prove to be in the floor of the 1st ventricle or the region of the vagus nerve from the fact that Cysticid Cereus of the face is the only symptom usually appearing in one of the same case. But whatever is the rule for the best chief, his Cereus for 5-9 years 1977 was as faithful as he got serious.

Cysticid Cereus

The patient generally finds himself well, is often flocking himself on being better than usual, but... asymptomatic without the slightest warning and no relief with thrombosis, etc., occurs. As depression: The pain is over the common referred to the region of the small, although on the cerev. Spherical body is most affected. The symptoms are very slow. The depression is profound, consisting in patient...
...due to the raging in his
body, he was quite pale, his brow wavy,
and his features bearing
enormously showing a sorts
of grimace. His teeth gnashed con-
dently into the wood, and
spasmodically writhed
with the pains which he
compared to the shocks
of an electric battery. His tongue
was usually alıned; the obviating
breathing became affecting, the food
refused readily. In addition,
by large quantities of a purgy
fluid usually green
or black. The fluid shows an
annexing gurgling,
with half food stuff present els. The
pulse is usually rapid,
90-100 temperature attains above
normal unless the duration lasts
several days when the temp. the
falls to 98° or even below. The
length of the attack varies greatly,
at the end of Hutchinson. 46 days
the maximum. 18 - 48 days
the minimum duration. The
reaction is usually gentle as sudden
as the onset, seldom in the
winding course, the patient seems
greatly well and can beat 9 degrees
quickly to our

Recurrent.

The two occasions on which I have
had the opportunity of acting
this were both during the early part
of Hutchinson's Classic crisis.
It has never occurred one distinct symptom of itself (without the passage of the urine) 
Intermittent pain is experienced in the urethral region, also across the loins. That latter place suddenly an acute, sharp, burning sensation starts, so that in a few moments the bladder dollars ready to expel or above the umbilicus, rises the blood in which the distension of the bladder is noticed the patient feels as need of some water, but the pain in the urethral region becomes worse intensified if ineffectually seen impossible. The catheter unless employed. The cause of the retention is cut the prostate 
neck produces the absence of 

The table correct for if the patient 

The intermixture he feels almost invariable in spite of repeated efforts; it would seem to be that the budding cause is the growing accumulation the fluid, the prostate distension is not a necessary cause for the inability of pass the urine occurs before them

any distension 

Benediction Crisis 
The patient is ejected intense pain & distression about the chest, usually accompanied by a severe burning of the lungs. The moment approached in the case of distension, if the urine seen was in the case of distension, in one of his Benedicton Crisis, he has
Complained of an intense pain along the whole length of the sternum with a feeling of worked depression about the chest, giving rise to feelings described by him as of someone being in his chest, as if his chest had been closed in. He breathed rapidly, his countenance some.

The most severe expression of distress one that he could not get his wind this continued for some hours. Council quite as suddenly as it had commenced. There were absolutely no physical signs on the chest the respirations were rapid but quite extremely shallow.

Cerebral Mental Functions
As a rule nothing remarkable in the cereals of the patient, he felt quite normal. Then of course the average ability mental functions usually returned to the norm. Some time memory appeared to fail.

Diagnosis
After receipt has been carefully observed, no cause need he overlooked with ordinary care. (except of course a few cases special difficulty). The lightning pains the inability to close (electroplax) with the eyes closed or to walk on the ankle,ankle or the ankle tendon reflex. Eye symptoms. In the later stages of
atone, exit, from a clinical picture, art equally misinterpreted. At the early stages, the pains are felt down to the abdomen; the Enteric crises it appears in the Stomach, Cancer of the Stomach, or Syphilis. In the late stages, the induration may be mistaken for Oesophageal tumour, or other disease, or even for pineaple-like symptoms, observed.

It may be simulated perfectly by Syphilitic. Analgesia, that the history should guide one to the right diagnosis.

Progress:
Always unfavourable; sometimes the result of Syphilitic and even Kent Syph. remedies, may be of some aid. Mitchell says "necessary death." Redman. "Prognosis of Syphilis; Vol II 1877 page 88. Ducre says easily Cured. Redman. "Prognosis of Syphilis; Vol II 1877 p 408. The disease, almost invariably goes from bad to worse. It is slowly, but an surely progressive.

Treatment:
In the earlier cases, Ergot has been recommended, but in several cases, in which tried, it is reported to increase the pains; from noticing that almost all that patients are very anxious, I form the hypothesis that the lesion of the Cord is due to a lesioning from upper came the palpable sphygmo to the upper colubres.
Convulsed to try on the earlier stage of C.S. by some change in the addition of Chloral & Hypocamphine (for the severe pain)

This has immensely increased the standard of general health in once end, has affected to arrest the process temporarily, as shown by the lessen in the intensity of the pain very gradually until at last measures is purely Conclusive of the acuteness of the careful pains described on entry: etc.

Cod sale, all matters are understood. J.K. is come end.

During the earlier Convulsed no Break

Effort: elevate by the mouth

The Hydrogenic Ject of Morphi has effect to give the most marked relief; the latter was introduced by Dr. Brown. Stewart, the comfort he gives to patient is evident. in C. A. as my patient lives at some distance. I provided giving the Hydrogenic Ject for three time per day. Prophylaxis by the mouth followed by all the adhesion in form will no relief, unless for all were commenced immediately. Patients of hay fever or inhalation relieves slightly whilst being inhaled but only the

Heating or working during the time, always starts to increase the effusion of the patient in no time the foot irritates the walls of the stomach & the peripheral loops of the small, in the
The disease appears to set up an irremovable condition of the containing centre or vague of most of us when experienced in a certain earlier stage of our existence.

If Catarrh is present or even suspected, Potass. Oxalate or Phosphoric acid, should be given, in any cases where usually commencd and be made with the lod. to be taken to the amount of 30 to 40 times daily.

If no benefit is derived from adding 32 doses of the said. Phosphoric Acid or Compound of Copper, I found insatiable evidence of Euph in 6 only, partly conclusive evidence in 20, some slight evidence in 4. For evidence to be correct in 6, to contain all three of the last named 6.

I tried the internal remedy as described above and the following result was marked benefit in one case, some amelioration in two, no alteration in 10. I believe positive harm in the remaining 31, the benefit denied showed no relation whatever to the amount of evidence of Euph for 6.

6 which showed unaltered evidence not one derived the slightest benefit, some argue from this that the disease was not due to Euph in these cases, but an interesting case I have now under treatment seems to contradict this argument, viz.

The case of a female aged 36, the contracting of Euph 10 years since at which time she was attended by
one of my colleagues at the house (James Lawrence, M.D. U.S. N. Army) which was followed by a well marked secondary rash with some amount of the serum of which she had been administered by the assistant of the head of the laboratory. The tarry symptoms appeared two years ago on explorations of the frontal skull parietal bone, favoring the inner bow of the right temple. In 1884 she began to attendance here as an out patient, under Dr. Bird & remained there patient quiet recovered from the above mentioned disease, but she was soon attacked with paroxysms of the left eyelid, external irritation, denervated movement of the left eye, in addition to these symptoms she was every now and then attacked with eyelid spasm, involving the right hand & arm. The right side of the face, in a few days postmonistic twitchings of all the muscles of the above named part (R. hand, arm & right side of face); on examining the eyes of this more nearly intense after reversion with extreme redness was seen in the left eye & the appearance of badly defined line of commencement of the same process in the right eyes. Post Leprosy treatments were given regularly with the result that the ulcers healed, the repulsion
was completely cured, the tongue (prognosis) recovered, the general health rapidly improved. In paying her visit on March 26th 1883 I found the following to be her condition:

The insomnia still continued, the treatment up to that time — surroundings all healed, fever disappeared to a certain extent, but the eyes still drooped, moreover the strabismus still marked, movements of the eyeball unprotected, right pupil dilated but answered perfectly to light. Right pupil normal. Left eye red and stuffy. Face is white, veins visible, vessels turgid, cornea aspect of the choroid at the edge of the iris. Right eye general air opacity due to white subcutaneous layer, vesicles bigger, cornea aspect of the choroid at the edge of the iris. Right side the allowed little times last unusual secret that it looks very severe looking at it through a slight mist indicating the presence of urine. Retinitis had twitchings in the face. Left arm continued to get worse.

In enquiring of the patient (who was a physician) how she was getting on the wards I well understood I couldn't get an answer of any certainty if it was her put there of chickens. In this case the multiple lesions are undoubtedly opisthotonic. The owner of the cow could stand only against the explanation on the supposition that they were also due to the same cause. Not being granted, it would...
clear to indicate that in some instances at any rate, a nervous element may be present in a Sphærophlic or Endemic case; the same of Sphærophlic begin; yet be unaffected by the common Sphærophlic remedies. There probably the cases on the last instance of which I express extenuate, but many others take some under any action which appears to strengthen the line of argument.

Other methods of treatment are

By rod: Gulley, Allen, to achieve the James B. Med. Journal Vol II 1875 p. 687. The dangers of this treatment are well shown by Owen Langet I 1880 p. 96. I certainly did not relieve the pain in any case; not did the patient derive any appreciable benefit therefrom.


Physiological Review Volume II 1847
p. 950. In the few cases in which
I tried this remedy no appreciable
benefit followed.

Mitchel's Donhead Rantus abstract
1873 p. 48. To indolence during
the attacks, also in the intervals
produce sleep or forgetfulness.

Rest Mitchell Journal Vol II 1873
p. 663. Red June, Lygatte
1874 p. 574. The most
interesting example of the value
of rest is the fact that if Skelton
sleeps up all the day after the
coming on of the crisis, the relapse
of the crisis is an absolute
certainty, whereas if he keeps his
bed until the third day an attack
occurs, the enyours for 14 to 18
days. internal
Electricity. Mitchell Journal I 1847
p. 86. Althans B. Med. Journal
1878 p. 687. Strick this in
the case of Wilson but it was
invariably followed by an increase
of the pains of all the most
terrible some symptoms.

Arnold Ritter. Mentor has recommeded
it. Signifies as permanent relief.
Serve Stretching Recommended
by Langenheim to relieve the pain.
Cases are said to have been cured
by it. New Times & Gazette I 1870
p. 43. Brant News Journal II 1870
p. 1823. New Times & Gazette I 1877
2374. Lancet I 1877 p. 578.
And II 1877 p. 389 & p. 627. He
some cases where the patient
complained of intense pain in the
region of the spinal column places
over thrown in the more stretched
position. I had some marked relief for
a few days but it returned before
the work was healed.

Causes.

Many have been advanced by
different authors, but there appears
to be a multiplicity of causes, each
of which only give rise to the disease
in a person predisposed to the malady.
May Ephedrine as Cause can scarcely
be doubted for as many cases
who have suffered for two to half
years from the lightning pains, low
blood pressure, the spasm, has
proved to remarkably diminishing
under Pitt Eschweiler & Metchnikoff that
the diseases of the cere and present as
a case of lightning, the pain
unbearable whereas only 12 months since
it could scarcely have been overlooked.

They were without evidence of light
in the scar (ligament) the restay
The Chinese on the penis. Another strong argument in favor of this theory is the case of Dr. Gomes Teixeira who was exposed to St. Mary's Hospital in London, who died a suit in the Surgeon's Court and whilst performing his duties at the latter inst. his index finger became necrosed with Syph. as a large Chinese formed from below by a distinct primary trunk, with the time of the necrosation he was perfectly healthy but after the lapse of a comparatively short time the tuberculous spread in the legs came on. The other acute symptoms became gradually developed, he is now a hospital patient. (See mod. by Dr. Lewis D., now Dean of the University of Sydney for this information).

As regards statistics on the point of all the cases recorded by Baggard, he added together there were a distinct history of Syph. in 76 out of 127, but this does not prove a necessary connection; in fact it is one easy matter to prove the connection between Syph. and venereal syphilis for both virtually set in about the same time of life where age is a safeguard; the case may help to remember that at more than 70% of all attacks are females (Baggord) to find which affect the smaller % of general attacks in very rare indeed; the latter may by no means be the case.
with Syphilis. Since if Syph.

each of important cause why is it

not more prevalent in prostitutes

for these rarely escape Syphilis or

tumeur! I have often looked

very carefully through the inmates

of the Foundling Hospital, but have

never succeeded in finding a case of

Malaria. I have also repeatedly

enquired into the life history of

the Queen's Malaria in the Marylebone

Workhouse, but not all the female

cases were only had ever been prostitutes.

I will for comparatively that bondage.

Considering the large number of broken

down prostitutes received into the

last year it would seem to

show that the cause is not more

common among prostitutes than

among chaste women.

Excesive muscular effort

Excesive sexual indulgence

Indolent (from Sweet II 1870 p 618)

Diabetic (from Sweet II 1876 p 373)
Case 1.
William Hutchinson, 36 y. 31 E. Queen St., Darlington, born at Richmond, a bricklayer. Examined first June 24, 1897. Complains of not seeing well, since June 24, 1937. He has suffered from intermittent pain in the temple, gradually progressive blurring, 12 falling shut the vision whilst working. He has been ill 8 years for the past 5 years he has been unable to follow his usual occupation.

History: He has died for over 1 year. He has been alive with difficulty. His history of edema. He has always had good health. He is now in a very thin state, but states that he has never been as healthy as formerly. General symptoms have always been favorable. He has had no illness previous to the present. He had a slight injury to the right knee 16 years ago, a bone fell on it.

Present illness occurred about 5 years since. He suffers from constant intermitting vomiting which lasted for weeks. He then suffered for 11 months at the end of which time he was again attacked, in the same way for 6 weeks, he then suffered for 6 months. He then suffered for 6 months. He then suffered for 6 months. He then suffered for 6 months.
only intervened
State on Examination
Height 5 ft 8 in. Weight 8 stone
(85.6 lbs). General appearance
very robust, somewhat deficient
thinly formed.
The systematic exam. of the alimentary
Intestinal, Respiratory, Reproductive,
Nervous Systems reveals nothing
of any moment.
Intestinal System. Esophagus: From near the region of the chest
below the sternum to the region of the abdomen, especially when the hands are raised voluntarily
respiratory movements are clearly performed.
Respiratory System. No abnormal condition.
Reproductive System: Normal.
Nervous System: As normal. The patient can be ascertainment, quiet
order, well developed, no outward
manifest any moderate desire or
frequent convulsions; since the symptoms
anxiety of the case. Commenced he has
had less desire than formerly, but
his state is still sufficiently acute
by the manifest determination
his general health by the long continued
introduced lasting case.
Physiological Symptoms.
Symptoms Equations
Edematous. None, usually very rare.
Cases of this character are explained
the lower part of the abdomen
in an area about four inches in
cavity situated immediately above
the symphysis pubis in the midline.
there are always pain, indeed, as
ought but they the trouble line for
two or three hours or evening in the
bathing. The feet there are always
Cold,\footnote{Cold.\cite{footnote}} it is also completing
touchings of his needles sensations
for the largerema, coming occasionally
in the legs; he often notes very minute
for the same which he describes
as, 'there are being out in hour by a
cold rash tingly around the waist'
and always worse during the week
as described by the patient as
always extending outward around
the body, first following the curve of
the spine.
Sensibility to touch, impression
not delayed (2-3 seconds) in
transmission, over the general
twelve of the body, but two points
of the dressing formps can arrive
be distinguished by two distinct
impressions, however quickly they are
delivered (2-4 miles) except in
the palm and soles, in the latter 2
she of separation from the former
with great rise to two distinct
impressions.
Sensibility to heat & Cold very
much increased, if not totally about
the patient simply gareas the result
being that he is usually under the moon,
when the hot water is applied he says
he does not know whether it is hot
or Cold, on heating it sufficiently
it gave rise to a pleasant impression
when applied to my own skin, nothing is noticed for about 2 or 3 seconds, when suddenly the trunk gives a start. The patient complained of pain, but as to whether that pain was produced by cold or heat he is quite uncertain.

In Ecking they slight over the eyes but not quite absent. In the ears it is very marked. Now pain much diminished distinctly delayed in transmission in the first legs, less so in the hands. Sensation over the general surface of the body it appears to be nearly equal. Vascular tone lacking an acuteness but in not markedly altered, he always a few nerves out in places to his knees with the legs crossed; small difference in weight suspended from the feet to hands are not distinguished but in the hands when above the ribs (difference) in the feet 3% to 12% he can detect the difference. Very a good deal of freckling.

Light Pupils normally contracted, pupils dilate when a distant object is looked at & contract in looking at a near object, no alteration in the size of the pupils when the light is either increased or diminished in amount. The sight itself is defective but the strength loss doesn't seem to relating the pupils with abnormal
assert his somewhat, conceivably trouble for a good deal due apparently to floating bodies in his vision which can be seen on cephalometric view of the eye—now in his left eye cephalometric view.

At one. I am normal, the vessels reflect here especially. The veins mill, they are not lustrous.

Deep physiological cupping.

Cl. Ech. Distinctly papular than hyp. The A. last if mass are among it atrophy. Deep physiological cupping. Large vessels in the R. eye. Hearing sound improved less the vates at 2 others R. ears 1 1/2 miles in R. ear says he is getting steady, every other. Cymbaline drum in both ears, whether conducting apparatus normal so far in can be made out. The retch acts are much more easily perceived than the vates.

Voice. Slightly impaired, says salt is carboxylate of pot. Sugar in spilt will be this is confirmed by his wife who tells me that after a meal he often roofs the kind of speech to the boss.

Smell quite up to not beyond the normal standard of reflexion. Always been very acute, therefore he feels gauging
Organic Reflexes—Swallowing normal,
食道正常。Breathing normal,
呼吸正常。except at some of the Centre Ones
当他在中心点时，呼吸不正常。where he feels and he should choke
他会感到窒息。through being unable to take a sufficient
由于无法吸入足够的

amount of air in inspiration,
肺活量不足。cays he feels the
他感到

need of eating as fast as he possibly
以最快速度进食。

the micturition, which force of carrying out
膀胱的排尿，强迫

which tends like disturbing it as if
像扰动了它。a 3 lb. weight were placed in
如果放置一个3磅的

his chest weighing it down.
压在他的胸部，使之下沉。
normal urine diluted with 1/2 a cup of sugar and 1 cup of water. Deception is now admitted, but for the two years which preceded the trouble both our efforts at the "Cries" deception was expected to appear in a way and slowly diminish, as each attack and the addition of enameled glass in order to the surface of the drums, sponges were used and always relieved the symptoms somewhat.

Skin Reflexes.

Clarity well marked, by the pain in the stomach by repeated tickling the

foot back about wildly. Intestinal Thorne, muscular entire absent.

Tactile Reflexes

All entirely absent.

Cranial Motion.

His movements are small but one art wanting in power. The slow pain preceding in all his movements except that of walking, this at a casual observer would often normal confirm to that bed of the Cries called my attention to the case. Mosquito would have struck a note; in close observation he detected his flight distinctly more than normal for

yet without a broad line of support" plants his foot on the ground without any motion of the body, but with the usual thrust, he cannot walk on a single plank, sways a good deal if they are
A GASTRIC CRISIS

He is suddenly seized with intense pain in the region of the stomach, nausea, retching; in vomiting from one restless and ashy pallor, the internally contracted fist (shut to a firm knot whereas on the intestines it is about the size of an ordinary bun-head), the fearful retching, the knotted brow, leggy indication of the agony the nurse’s service isrendering; says she, "be as if a laden wagon that passed over his chest deeply down, he vomits at first food. Then immense quantities of a greenish fluid sometimes colored with blood. On two occasions he vomited distinctly feculent odors of a feculent stinky consistency following under the main relief for water, food without. The feculent, incontinently..."

A...
The act of vomiting, he goes in on this way for from 4 - 10 days (usually about 6) when the attack ceases. Suddenly, his appetite becomes voracious. This cloud appears to be able to digest almost anything. The temperature is normal for the first few days after it. The urine is still brownish, the thermometer always registers a subnormal temperature, usually about 98.5 - 99.6. There is never hiccough or the subject of an "arthropathy." Recorded.

The case will illustrate how the profession is guided by the absence of the usual vomit and at any rate of low common sense is so impressed by a prominent symptom that the constitution gives way to that symptom, or rather, the malady by which it is only a manifestation is completely overlooked. This case had three physicians, each of whom came to a different conclusion as to the diagnosis. One diagnosed "Croup in the Stomach" and the Cerebellum of Stomach, another "Distention of Stomach," and the third "Cerebral vomiting"; whilst others frankly admitted that it was an obscure case. I knew a patient (about four years since) to the Newcastle Infirmary where
have seen no return. This stomach subjected to very hard work, and but little exercise, say with any beneficial result. I showed the case to the members of the South Eastern Medical Society, when about half the members doubted any diagnosis because there was no static gait.

This case here is of suspicion of syphilis. The patient, wife, and children, show no outward or in- telligible symptoms of it.

The symptoms of syphilis have been apparent.

For 8 years the case has gone on with little or no change.
Case II

One Milton Coal Dealer aged 43
Residing at Devonport at Darlington
Admitted to the Derby Dept April 8th
Complains of
joints, a numbness all over &
instability to even lie in bed in the
depth Canons only with assistance.
Illness commenced early in 1841.
Joints, a comparatively recent
addition (for that duration)
Hereditary Tenderness he knew
as many as his father. Further enquiry at
80; says some of his relatives have
been suffered from any serious disordere.

Days he has never drank 1/2 paces,
I actually states a letter for 5 years
he never lost alcohol. Enquired
37 of Stactes for which 26 years
General surroundings complete.
He has never had any illness previous
to the present one. About 6 years
ago was attending to a fuller house
when the animal rolled over on his
knee causing the joint to become
"weak" he found joints were rather
slow in that there is some limited
mobility of the other leg in a normal
joint but there is no bearing of this
joint surface or any symptoms of
any Charcot "arthropathy."

 Says he was always weakly about the legs since, weakest
he said every night until at least
20 years ago.
Present illness commenced in 1871, with tingling skin feeling of his fingers, in the left hand, in the other arm, referred down into the fingers, but the dryness motion into the nerves irritated until could lift as heavy a weight of coals after as before they came.

Two years later, the above symptoms slowly became more sensible, the meanwhile gradually intensified, (1873) a great deal. "Examination of the left foot, in which there is severe that he could not walk without falling; this was followed almost immediately by a numbness affecting at first the right leg, now the left leg, now the whole body, but to exception the right arm all the parts affected could be moved readily but they all felt the lead. The starting points of night now commenced, they were worse severe in the legs especially the left. The patient gots on the cause of these symptoms in 1873 his going to the Bell depot, sweating a great deal, feeling cold. From then for two days he could not move his arm for 3 months. Days he often had burning sensations as if he was being burned with hot iron on the legs, sides of body, top of the Centre of the back. As getting into his feet were so swollen that sometimes he tunes would stay on his feet, in one instance the wagon went
over both feet, without his feeling it or knowing it had occurred. It was at this time (1873) that he became fond with insensibility which has continued ever since. He also found at this time that he could not button his clothes or dress himself. The lightning pain used to affect him a good deal but insensibility of feet he remained for the next 3 years as above described. In 1878 the R. arm, always exempt previously, became affected; he had been sitting in some position for two hours, got up walked about 60 yards when this leg gave way suddenly without the least warning the fell, but managed to get up with the assistance of the neighbor walked home for some days after this the R. arm was "much affected" after this he could never walk without assistance of two or on each side; says he occasionally stating that the right arm was "much affected" that it was as heavy as lead although he could raise his finger so he could not lift the arm from the side without the aid of the left hand. From 1878-80 there was little change in the condition of the feet or anything else.
years all turning black (for quite "gaiter" was now seen.) On the second or sixth day all
the back came up sharply as former
the interior of the head by seeming
cutaneous sense once

 Says he was not nearly as full of
pain as his family doctors described him.

The wife states that at times he
almost kicker himself with the pain,
in one occasion he took it knowing
any article near at hand as his
knife, but he denies that he knew
anything about it at the time of that
he remembers all now.

Say he could not feel himself
with the left hand from 1873 – 1878
but he can use the foot now but
only in the usual manner to woman.
He can do everything that when alone
undeserved.

A history of Eye Symptoms.

In the vicinity a complaint 3 years
ago which were severe in character affecting chiefly
the

centre of the eyes; after months to 
he became affected with intense
photophobia. The eyes situated
sight gradually failed for some
weeks, he can noticed that the left

lens began to drop which gradually
increased until the eye was quite
closed, at the time the left began to

tends he noticed that all external
objects appeared double, the imaginary
medicine being always situated to the left

Says he can walk with the assistance of one in any light but
in the dark he cannot walk a step with one in each side; can
be held up by his hand in the dark without falling forward, yellow legs
out of the bed, cannot even lie on his feet unless he lies on his
left, always says he tells expected but his right arm placed beneath
behind him he then quite helpless until his right moves but to see
when he placed his arm in spite of the unusual shuffling


Date of Admission

Height 5' 8½ inches. Weight 150 lbs. The 1st stage is very poor and terminal
hair certainly not more than 8 or
this skin is very yellow. General
appearance down in clayard
expression much depressed

Anorexia Sore. Platey formed tongue
thickly veined while an anterior part
yellow posteriorly. Excretion of would
better. Definitive caused. Appetite
very bad. Pain after eating situated
at the stomach, use to be troubled
peacefully with colic 20 years since
but is not so troubled now. Live
Circulatory System
The main vessels appear in precarious, left heart and left ventricle, 1st sound weak in all in the ears, but no murmurs in either.
Respiratory System
Nothing of importance.
Intestinal System
The rectum is slightly altered yellow, on palpation in the hands, affecting the ileum in the first, chiefly in the ileum side, circumference of the area involved, limited by a distinct red raised line resembling one of Weber's lines, downwards both the ileum and the appendix, the former being moderately in a condition of marked congestion, with symptoms suggestive of unknown, treatment proven, if not parasitic, probably nervous origin.
Nervous System
Severe pain in right loin, gone in bladder or rectum. Intermittent for the past two years has been difficult, at times he cannot pass it without a great deal of straining, after the pain, it is as if were only drained away, at other times he is quite unable to retain it; says he can always feel the need it passes it but cannot get it away to his satisfaction, occasionally it goes entirely, and the he is quite unaware of the fact, up to the age of 20 he used always to pass his stools without any interference.
due to the fact that on these occasions he was always to dream that he was not in the normal Alpine, very highly colored with blue pigment, but only daily young, blue and a brighter blue on the head. Colorable System.

A history of recent activity for some years has been obtained. Since then, its course by one only: Sexual activity & capacity has gradually decreased since the onset of the symptoms in 1841, for the last five years it has been entirely absent. At some time before this there was frequent and some ennui's. During 16 years he was much troubled with sciatica, the pain produced by these was always increased by violence or decoration.

Vomiting Sometimes

Pains were described by the Patient as "like to tear my flesh off my bone." Often seen occur in all parts of the body; he is at present quite free; the pain was complained of is one which vary with short leis commences an attack at the occipital region, wrapping our most accuracy at front distribution of the front. Occipital Remede to the scalp. About 6.0 or 7.0 P.M. character.

Pains commence usually in the legs
affecting the whole of these limbs, also
the whole of the arms, but in the
latter the affected side comes in for
an entire share. The positions of the
Abductor & Adductor Brachii Mm. Digits
being apparently chiefly affected,
causing both the muscles to contract
producing abduction & partial flexion
of the digit.

Something went on, has been going on
since 1878 & which since he felt it
seemed with a lesson in the legs
from the Centre of the back.

Cold. Says that some years ago
the last sensation in his waist
was being pressed into the left side
the abdomen

Experienced at same
time (1878) a severe Cold several
Octions throughout.

Since 1878 legs have always been
the most constantly present by effects
of late years it has often affected
the arms, other parts of the body
have been more exempt.

Experienced throughout
chiefly in the hands & arms
but for the last 6 or 7 months the
feet have been affected in the same way.

Sided Pain first noticed 1871
but were never severe until 1875
when it was diminishing; says the
fever if a cold & was tickly
from his body again three months
came but is other perfectly free
from all such sensation.
Sensation first noticed in 1873 when in an extremely narce of affects him more only in sudden opening or closing the eyes or if he turns around. The eyes being closed he has an idea whether he sits, lies, stands on his feet or head.

Sensibilities

To Touch—Very imperfect especially in the toes and fingers, in the idea a slight touch is delayed of the pressure he perceived on the -
taneous pressure to the brain but it is distinctly delayed in transmission often to the extent of 2-5 seconds, it is also delayed in the hands but the delay in height.

Cold

In the case when short of producing pain is perceived, but some sensation is delayed 5-6 seconds in transmission heat both perceived so readily as cold; delay in transmission about 8 seconds. In both heat + cold in the upper extremities well perceived, delay in transmission so slight that it is scarcely perceptible.

In the case of the legs when he plants the legs says have no painful touch of the skin.

In all legs 32c., but 32c. worked in the former; if a piece of skin is suddenly clipped with the observation foregoes which are at once removed, a latent period of few 4-6 seconds in the legs - 32c
The eyes, he said, seem to give a sudden start and the transient sensation does not reach the thalamus for from 10-15 seconds, after which it gradually subsides; it seems therefore that in this disease a sudden mechanical stimulus applied to the skin of the legs may (in addition to being delayed in transmission) be so modified on its passage through the unpossessed body of the spinal cord that it continues on the descending as a direct reaching to the thalamus, immediately or in the normal condition but gradually attaining its home.

Muscular tone. Very much improved, perhaps practically about 50 units. No change observed in the strength of the leg muscles.

Vision with eyes closed.

Vision is very defective especially if an object be long looked at or if a bright light is present. It may be described as not slight but appreciable.

Right pupil larger than the left, both in normal accommodation.
edges of these well defined, exact, slightly raised (physiologically) right eye. Iris appears light, very strongly, looks just like a piece of white paper, in fact in the stage of myopia, and the whole cornea and the veins the latter show no opacity, or evidence of cataract.

Hearing: Very dull especially that of the right ear, could hear quite well before commencement of present illness, this hearing has been gradually progressing for many years. Right test: Sensory at the ear side, and there sensation conducted appalpalr normal. Bilateral heard at 6 in distance in R. Left ear not perceived by the left ear all.

II. Smell and taste

Motor Functions:

Organic Reflexes: Swallowing, breathing, reflexes present without abnormal, spontaneous difficult, no knowledge of a need to pass it, bladder get distended, the urine dribbles away (Here is stricture)

Vestibular Reflexes: all absent.

Vestibular Motion: The muscles are powerful for head being but there is no evident oscillation about all movement executed affecting especially the eyes and arms (especially the former). The part is typically tremendously tactile, the legs
are kicked about wildly. The legs being raised the feet are planted on the ground with a "stamp".

The hands cannot be got in clear view, in getting or object the hand is always projected forward both back and a considerable right. He cannot hold his collar or cross or the anything for himself.

Forearm contraction not

Paralytic inviolable has persisted white or no change. Palates in apparently diminished.

Foot motor function apparently diminished.

Central motor function to toning abnormal. Intelligence for beyond the average.

Cerebrum evidently abnormal; no history of swelling or other affections.

Further note on Examin. March 11th 83

The following are the only changes since the above notes were taken.

Palsy has disappeared. He has gained flesh remarkably.

Condition of Pt. Evident pliability with the exception that a fortnight since the left eyelid drooped again but has been gradually regains itself again.

He now says this illness is entirely due to the fact that between the edges of 7 & 28 he worked
in the Railway as "fireman" and "guard" respectively, says that for a whole week it had often been obliged to keep in his wet clothes, sleeping usually in the "snowy van.

Remarks.


7. Eyes Jose has become paler since my last smear so as at the stage of commencing rapidly.

6. Although a somewhat typical example of the disease, the following are distinctly evident in the history of severe dyspeptic attacks. 1. Among profusely a dyspeptic tendency. 2. The apparent commencement of the disease in the cervical region. 3. The temporary paralysis affecting the

2. and the profuse rubor hance of the

4. The spontaneous bleeding of the internal

6. The disappearance of the nausea under treatment by Chloride of Ammonium.

8. Even once the drug may be unusually for all forms of constipation.

The form, also in this, there is a "total stimulant" is indicated form so-called "laxative" drugs.

Chloride of Amylum. It was found in a number with its extraordinary value.
Case III

Mr. Armstrong, aged 60, sailor.
Born at Richmond, resides at 31
Pearl St., Darlington.
Admitted April 2nd, 53. Examined
next day.

Complains of severe itching pains
in the eyes, comes at night. (describes
it as "coming slowly, shooting pain")
General debility, failure of sight,
incapability to walk on a quiet plank,
confusion when the eyes are closed.

Family history: One had "consumption," the other
was "consumed by the lung," the third had
renovated the home by "rest and living
well." They had died of cancer of
the stomach, at 65 (the swelling of
the stomach is said to have been
detected) and the fourth died at 37
from kidney failure, a violent
death of the lungs, the last
brother, three sisters, of the
one brother, one sister died of
consumption, the rest are alive well.

Says he has never taken liquor
or tobacco, never taken spirits at
all, but "took a deal of all
since 14 or 15 years back.

Some surrounding comfortable
but his had been long working hard
6 A.M., 6 P.M. 179.

Previous illnesses: "Accidently about
15 years ago had 3 fits, fell down,
lost 2 children, unconscious but never.
At his tongue; in one of these he got cedars of the cliff with which stone he was killed as well. About 15 years ago, he at various intervals had severe attacks of vomiting lasting he says from 4 to 8 days (usually about 7) to quote his own description, as these times I used to bound for days without giving over (ceasing) having brought cat with some green roasting barking stuff - a great deal of it - the form over the face of the stomach, and fit to kill one (enough to kill me) any house at these times would never set no matter how much medicine Stock soap would, passed in milk by Sergeant (as I said previously) always believed the, once when in the military hospital the Doctor in charge said he did not know what ailed me (any body asks)

Says that while serving in the Military during the Civil War his eyes became so weak that he was obliged to take it off, especially for seeing, it was after this that he joined the regular army.

Recurrent fits continued at intervals for two years or more, ceasing about the year 1869. From which time until 1878 he appeared to be quite well although he says having "much pain in the back" for the last mentioned year the Rheumatic pains" changed
New character somewhat the same. Very severe shooting pains coming down the shin bones into the outer side of the foot more particularly, shooting across the legs about ankles above the places but not involving them; the pains shifted about the days shifting arms, affecting more especially the belly of the thighs in the upper arm. The neural part of the forearm shooting into the little finger fingers most especially the dorsal compartments where digits payable. Also affected the lower three joints. These symptoms continued until 1880 when the noticed that the pains began to affect the body feeling like a rope tied tightly around him. He also found at this time that if he turned around always fell also that he could not attempt ascending flights of steps especially of carriages anything. Height 5 ft 6 in. Weight 111 lbs. General appearance, consolirated and anaemic. Temperature normal.

**Cardiac System**

Nothing noted except the usual symptoms.

**Respiratory System**

Cough, difficult in red, red cordura.

**Cerebral System**

No change. Winthropized.

**Reproductive System**

Cancer annexed. The vault apparatus of stomach cancer with a child's peculiari...
Causation reveals another abnormal
Integumentary System
Above any disclose of an eruption.
Respiratory System
The symptoms presented. In the last twelve months of course he had a great difficulty in pursuing his business, says he has an feeling of wanting to laugh, as for a whole day he has come a large quantity but always very easily, there is no stricture or other obstruction.
None about 310 per diem. Sp. Liver 1520 Red. He also had no cough or other abnormal indication.
Reproductive System
Two married, 1st at 22 yrs & 38 yrs.
No functions are noted still. Never had any complaint despite of power of erection.
Gastrointestinal System
Locomotion
Pain clinically in the legs of a starting character at night also come in
in extremities. Light he can take the
beak about the mid-sternal region.
Says he sometimes has numb sensations in the feet also that pain needles especially in the toes.
Spinal Pain is very commonly suffered
from, but often after a distinct
duration of 3 or 4 weeks. Says he
sometimes has a kind of intermittent
Spinal pain in which the disease is
incomplete posteriorly; this last is naturally softer about the level of the umbilicus.

Eyes were the chief, especially any sudden change of position and their change always resulted in a fall, i.e., the giddiness whilst working at the saw

occurred.

As ting's separate descriptions are combined when the two or the three are separated, it presents a chilling plate of annual plumes major 1000.

\[
\begin{align*}
W & = \frac{5}{8} \\
R & = \frac{2}{5} \\
B & = \frac{1}{2} \\
T & = \frac{1}{2} \\
\text{broken} & \\
\text{very sensitive}
\end{align*}
\]

Insensate but not markedly, or appreciable delay in transmission to yielding touch, especially in the legs.

Joint pain below normal, slightly delayed in transmission. On pressure it

lightly pinched between the tips of the fingers, in either the legs, 

a latent period of about 3 seconds
sensation, extreme pain is then complained of which gradually reached its maximum about the 3rd or 4th second, occasionally disappearing; in the densest the latent period is much shorter (1/2 to 2 seconds) but is distinctly present, in all parts of the body except the extremities. The sense of the pain occurs during the brief by the perceptions supervised sense.

He can detect differences of tone by joining in the hands, but not in the legs; any difference less than 20% is not detectable, i.e., 20% difference in weight or height after 0 has been added, or difference with 0% has been removed. He was asked to point to the different parts of the body, especially in the area of the legs, and he is considerably off in this "area" especially in the cord of the legs and is terminated.

Sight

Photophobics. Both extremes intensely contrasted, both bright when a student object is looked at, again contrast when accommodating for a nearer point. He has felt answers to light. Left eye is worse considerably.

Tunnel vision. Contracted greatly in the upper and lateral portion. Appreciation of color and depth is severely defective.

Anterior polio examination

Reflex: 0.0. Referred changes apparent. Deep physiological apperance of the skin; appearance of nasal cartilage is somewhat
It is not defined, but it is at least due to sensitization or allergy of the sensory nerves of the skin. The patient is still small, and there are no unusual conditions either.

Left eye has pathological change. Dull physiological cough of the skin. Clubbing well defined, no change of color. Venous pressure well in Rt. eye.

Hearing has been getting dull very gradually for about 10 years. Unable to hear at all at 50 miles in the left ear. 1 1/2 miles in the right. Conducting apparatus normal. Smell completely absent.

Motor Functions:

Cranial Reflexes.

Swallowing normal.

Breathing—she often coughs from dyspnea which comes on quite suddenly without apparent cause. Her lungs are fibrous or rather complicated to account for it.

Hiccupation—sometimes he has trouble, as though he has to strain very much when it will only come away slowly; she feels his need to cough it, but it is the expelling of the air from the stomach which fails, the whole act of hiccough seems to depend on the abdominal muscles alone.

Expectoration—she is usually very efficient, is to be considered.
early on know a rule; clear
shift on history of any case in
the construction of fact.

Skin Reflexes

Plants present but diminished.
No motoric Bell enwrapped on the left
side but apparently absent on the
right. No contraction can be set up
in the Crusiform by tetanizing R, stimu.

Erythematous reaction on left entering
Voluntary Reflexes.

Go as the chemicals.

Catharsis Bell enwrapped!!! Here is
an addition a distinct back-ward
in putting the hand into the pocket
here and the homonymous muscles
are felt to be thrown into a state of
contraction by the deep over the
jaunt the tendon. Brain enwrapped in
the left leg. No reflex follow
-taking any other part of the limb.

Voluntary Motion

Muscles fairly powerful. He
cannot walk with his legs closed.
Often told to do a "right about face" he
staggered considerably. Failed
to do it a la mode for he finds
it necessary to take the hose and
hose of support. Cannot walk
on a single blank. His legs
don't for years been strong
by any gait of anything a street
last he should get ran over. His
gait is one characteristic, he
walks somewhat on his heels but
the rigidity of the legs in Spastic.
Daniel Paralysis, is sitting still. There is a slight indication it, he relaxes his legs instantly takes a slightly widened base of support and he providing the foot is forward, plantar down the knee and a thumb+ a are absent. This fact as unsteady is as little altered that a family act to observe peculiar, their walk the direct would probably resemble to a peculiarly “fast” as a physiological change in the sp Coast.

Coordination
Some loss in the legs, but he handles his garments easily, seems without much difficulty.

Electric Activity
Trades normal.

Sensory Diminished, especially
in the legs, less so in the arms. The amount is diminution is not quite constant as the "doubling" does always less than normal.

Locomotor System
The history of appearance of any deviation from the normal. Says the legs feel heavy and he had no use of them. "he says it isn't move as before, form weakness on put middle case.

He explains all his trouble to playing the Cornet, as ought working during the day of his trade, this he apparently did for some years.

Cerebral Mental Factors Spine
& Concern Normal.
Remarks. The case which has been quoted by me as a proof that in a case which is undoubtedly met from nature should be sought in the absence of 'Pseudohypertension.' It would seem likely that there are some to deal with a case of some disease complicated by an elevation of the diastole and the systole columns giving rise to the form of increased "false jet" usually seen in Ectatic Valvular Pneumonia. As the result, the question in full the other point will be settled on returning through this, but I ought to be allowed to invite attention to the appearance of the disappearance two years afterwards of what were evidently Carotid Pneumonia some 10 years before. The signs of palmar were complained of. It was also an instance of a point which repeatedly noticed long after the tricuspid valves. The observable changes of the Retina Oire in ophtalmic examination do not proceed in parallel lines.