

CASE 11

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This 58 year old bulldozer operator three years before death developed a slowly and unremittingly progressive illness which began with burning and spontaneous small amplitude jerks in the feet followed by a sensation as if he walked on gravel, burning on urination, burning of the perineum and an odd rectal sensation. On examination, nine months after onset of his illness, he appeared healthy and intelligent. The only abnormalities were a trace of weakness in the glutei, slightly impaired sensation to pin-prick in a sock distribution, sluggish ankle jerks and positive Babinski reflexes. X-rays of the skeleton were normal. Cerebrospinal fluid pressure was 80, protein 50 mgm.%, 84 lymphocytes per cu. mm., sterile on culture, negative darkfield examination, Kólmér negative, hemoglobin 130%, sedimentation rate 3 mm. per hour. Gastric analysis showed free acid present. Myelogram was normal.

One year before death he had lost about 20 pounds in weight, had become impotent and had some difficulty passing urine. Vibration sense and sense of joint position were impaired and the lower abdominal reflexes were absent. Cerebrospinal fluid findings were similar to the previous ones.

He was lost track of until the coroner reported his death from suicide. Necropsy samples of the various organs were received. The stomach contained a typical peptic ulcer. Patchy graying was noted in the spinal cord, most marked in the lower segments. The pieces of brain received were grossly normal, although microscopic lesions were found.