

duced by pressure (irritation) upon the inflammatory thickening. Takacs¹ also arrives at the conclusion that sweating is not dependent upon vaso-constriction, but upon special nerve action.

Referring one moment to the ocular symptoms, it is found that the patient is myopic to the extent of 1.00 D, R. eye, and 0.25 D, L. eye, under atropine; and I find a rather remarkable statement in this association, made by E. Long Fox, to the effect that "myopia, the necessary consequence of persistent paralytic myosis, is caused by the presumed direct influence of the sympathetic on the muscles of accommodation"²; but I regard the occurrence of the myopia in this case as being merely a coincidence. In a case I recently examined there is persistent myosis, which has been "so long as could be remembered," due to pressure on the sympathetic by enlarged glands, and the refraction proves the existence of hypermetropia (0.5 D).

In conclusion, I would draw the following deductions from this case:

1. That the hypoglossal is the motor and trophic nerve of the tongue.
2. That the glosso-pharyngeal nerve is concerned in the function of taste.
3. That the branches of the pharyngeal plexus supply the mucous membrane of the naso- and buccal pharynx with sensation.
4. That the motor nerve of the levator palati and azygos uvulæ muscles is probably the accessorius.
5. That the superior ganglion of the cervical sympathetic contains (a) dilator nerve fibres to the iris of the same side; (b) vaso-motor; (c) sweat; (d) secretory nerve fibres to the mucous glands of the pharynx.

¹ Centralblatt f. Nerv. hlkd., 1881 and 3.

² "Influence of the Sympathetic in Disease," 1885.