able to attend to her household duties as well as ever. To sum up (*a*) The improvement in this case was manifested as follows: 1. Decided increase in weight, several pounds, changing patient's emaciated appearance to one of a healthy and well nourished condition. 2. Slight (only) reduction in size of enlarged gland. 3. Marked amelioration of nervous condition. 4. Pulse slowed and regulated, though at my last examination it was between 90 and 100. 5. Palpitation disappeared. (*b*) No improvement however in exopthalmos.

This is, however, my first experience with suprarenal in exopthalmic goitre. With the literature at my disposal I have not even seen any mention of it. I am interested in the action of the drug in this condition, and regret that I cannot quote, from a greater number of cases. For this reason I would not for a moment affirm that the effects, generally, would be so satisfactory as in the above individual case.

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2. LOCOMOTOR ATAXIA.

Case No. 2.—G. H. D., a Welshman, aged 45, consulted me Aug. 1901. He complained of sharp pains in the extremities which he thought were rheumatic in origin. These pains which he described as sharp and shooting had been troubling him for 7 to 8 months. He also stated that the "stiffness" made it difficult for him to walk, especially at night. While walking out during a dark evening he had once or twice fallen. He said that he had always been healthy. He gave no history of specific disease, rheumatic, tubercular or albumenuric tendencies. His family history was remarkably good. I at once tested the patellar reflex and found it absent.

Upon directing him to stand upright in the middle of the room, at the same time closing his eyes, he began to waver and would finally have fallen had he been allowed to do so.

The history of the pains, absence of the patellar reflex and the marked inco-ordination led me at once to diagnose Locomotor Ataxia.

Besides these cardinal features of the disease, the patient exhibited several minor symptoms which altogether made a