

culty is experienced in regard to this faculty of standing, not so long as the eyes are open and directed towards the feet, but the moment the eyes are closed, the patient loses his equilibrium and down he tumbles.

In proportion as the affection is marked, the patient's gait in walking is uncertain, irregular and grotesque. The lower limbs are thrown forward by forcible jerks, without any definite direction, the body is swayed from side to side in the attempt to maintain an equilibrium, and the arms are thrown out like those balancing on a tight-rope. In cases less marked, the greatest difficulty is experienced in beginning the walk, and, after getting under way, the patient is unable to advance slowly, but walks with precipitation or falls into a running gait. Notwithstanding the violence of the exertions, the muscular strength being retained, patients are sometimes able to walk long distances. The muscles of the lower limbs are generally less developed than those of the upper and trunk, but there is no appearance of wasting in them. Their electro-motility is perfect; they stand out hard and firm when made to contract by the will, and the contraction seems every what as strong as it ought to be. Indeed Major D. could, while in the sitting posture, put out either foot in any direction, and there hold it as firmly, or nearly so, as one in health; and yet he was not able to stand alone.

When the lesion is above the origin of the brachial plexus, there is the same difficulty in the upper as in the lower extremity, in co-ordinating the muscles into harmonious action. The patient finds that the ends of the fingers have lost, to some extent, their acute sensibility, and there is restraint in the management of the fingers. He experiences these difficulties in picking up a pin, in writing, and in other actions requiring nice manipulation, for instance, if he attempts to carry a glass of wine to his lips, he spills a portion of the contents, and if told to place his finger on a particular part of his face, the movement is accomplished with a wabbling motion, and the finger is darted suddenly to the part as it approaches it.

A phenomenon is often noticed as regards the upper extremities, which also exists in the lower, but which cannot be so readily manifested, and that is, that the patient loses the ability to distinguish even considerable differences between weights. An ataxic person, with the upper limbs affected and eyes closed, may