

ports a case of tabes, in which not only the eyeball muscles, but the muscles of mastication, are weakened, while the face, palate and larynx are also more or less paralysed.

The pathological changes then consist in an atrophy of the ganglion cells in the nuclei, in connection with an excessive deposit of connective tissue cells—a true sclerosis.

The cause is obscure. The disease is most frequent in the old, but occurs in the middle-aged, and even in the young. It has been known to follow syphilis, diphtheria, lead poisoning and exposure to cold.

The prognosis is grave. Bosworth states that death occurs in from one to five years after first symptoms appear, any amelioration of symptoms being rare. Gowers claims that there is a marked tendency to arrest of the progress of the disease.

Death occurs either from inanition, dyspepsia, heart failure or inhalation pneumonia. This case was referred to me by Dr. Kilbourn.

September 10, 1897, Andrew A, truck driver.—History: Served in the army three years, during which time he had a severe attack of chills and fever and later of typhoid fever. Was wounded in the left groin. Family history good; also personal. Denies any specific infection. Typhoid fever left him with an irritable cough, which disappeared with onset of present trouble.

Three years ago had difficulty in swallowing and speaking which lasted for six weeks. Last fall had complete ptosis of left eyelid for ten or twelve days. Three months ago the present attack came on with difficulty in swallowing and articulating. Eyes are weak in the light and he sees double at times. Bloats after eating and occasionally has abdominal pains lasting for an hour or more. Has been treated for catarrh, of which at present there are no symptoms.

PRESENT CONDITION.

Eyes: vision is imperfect owing to dust-like opacities in the vitreous. Pupils are small, equal, round and react to light and accommodation. Optic papillæ are pale, surrounded by a scleral ring and marked by deep physiological cupping, at first sight suggestive of glaucoma. On fixing an object which is gradually brought close to his eyes, the left eye swings out, indicating paresis of left internal rectus. Cannot close his eyes tightly.