

ation of the other eye on the attempt. There is a slight impairment of upward movement of the right eye.

The right pupil is larger than the left, and neither react either to light or to accommodation. There is very marked loss of tone in the upper extremities but no actual loss of power, the use of the arms, however, is interfered with by an extreme ataxia, especially on the right side (it might here be noted that he is a right handed man); the loss of tone in the lower extremities is scarcely perceptible, and as you see there is little or no ataxia in walking. There is an extreme loss of the sense of position in the upper extremities, if with his eyes closed he is told to touch one thumb with the finger of the other hand, he can only do so by finding first the elbow and following up the limb from that. There is delayed sensibility to pain in the lower extremities, and to a lesser degree in the upper. The knee and ankle jerks are absent.

On inquiring into this man's occupation we find it was to sit and sew all day, threading his own needle. We have, then, immediately the explanation of the location of the disease in this case. "Function creates the symptom complex." We have then here, not the usual and simple loss of the reaction of the pupils to light, but owing to the patient's occupation necessitating the frequent use of the reflex of accommodation in order to thread his needle, the neurones governing this movement have also become affected, and we have the loss of reaction of the pupil to accommodation, and paresis of the internal recti. In the same way the reason for the affection of the arms is obvious, and the escape of the lower extremities.

*Case III*—A. C., male, aged 44 years, by occupation a cigar roller, came to the clinic on July 32nd, 1909, complaining of blurred vision for the last two years, and some difficulty in walking in the dark for six months past; he has had shooting pains in the legs for the last 13 years, and girdle sensation. He frequently passes a day without the desire for micturition and has difficulty in starting the stream.

*On Examination*:—There is bilateral partial optic atrophy, the pupils have lost the reaction to light, but react to accommodation. There is a slight but definite ataxia in the upper extremities, especially marked in the right arm, and a very definite loss of tone in the muscles; the ataxia is also present but to a less extent in the lower extremities. The knee and ankle jerks are absent. Romberg's sign is present.

On looking into his history more carefully, we find that previous to two years ago his place at work was in a very dark part of the room, and he says it was a great strain on his eyes to see well enough to finish off the ends of the cigars; since that time he has his seat in a better lighted part of the room near the window.